C4Yourself®

Access to Benefits. Simplified.

External Users Guide

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Terms and Definitions

The table below offers meanings for some of the unusual words you may see in the C4Yourself on-line e-Application and/or this Guide.

Term	Meaning
AU or Assistance Unit	The Assistance Unit is the group of people who are eligible to get Cash Aid. When your Cash Aid is approved, you will get a notice telling you which people on your application are eligible to get Cash Aid.
Authorized Representative	A person, chosen by you, who can take care of your CalFresh and/or Medi-Cal business for you.
C-IV	Pronounced (See-Four) this is the abbreviation for Consortium IV. Consortium IV is one of the three Statewide Automated Welfare Systems in California.
CBO or Community Based Organization:	A CBO is a public or private nonprofit group or organization that provides humanitarian, educational, or spiritual assistance or support to the community.
DMC or Drug Medi-Cal Minor Consent	DMC Services are Medi-Cal's substance use disorder services. Minor Consent SUD services are primarily outpatient drug-free counseling services. Each county welfare office chooses from a limited menu of services it can offer minors between 12 and 21 years of age. A narcotic treatment program is available to youth age 18 to 21 years. Pregnant or postpartum females may get SUD services that are related to health during pregnancy or the postpartum period.
e-App or e-Application	This stands for an electronic application. An e-Application is one that is submitted through a computer rather than by completing a paper application.
EBT or Electronic	An EBT card is a type of debit card that is used to issue nutrition benefits

Term	Meaning
Benefit Transfer Card	and cash aid. CalFresh recipients can use their EBT Card to purchase food at participating retailers. CalWORKs recipients can use their EBT Card to purchase any item at participating retailers or make a cash withdrawal from a participating ATM. You can only get your cash benefits at ATMs and point-of-sale devices in locations that are authorized to accept your CalFresh benefits. You can see a list of ATMs where you can withdraw your cash benefits by going to the EBT client Website at www.ebt.ca.gov or from your local county Social Services Agency.
Gross Income	Gross Income means the amount of your income before any deductions, such as, taxes, Social Security and retirement contributions, overpayment collections, wage garnishments or attachments, etc.
Fraud and Perjury	Fraud and Perjury are crimes. The law says you must sign a penalty of perjury statement on most forms to get and to keep getting cash aid, nutrition services, and Medi-Cal/34-County CMSP. If you lie about facts or **on purpose** do not give us all the facts or situations that affect your eligibility and aid payment levels, you can be charged with fraud. Perjury means that you lied when you swore under oath to give true, correct, and complete facts.
Head of Household	The Head of Household is the person you pick as the person the county will communicate with about CalFresh. This is usually the person whose name will be on the Notices of Action and EBT account.
Income	Income means **ANY** money that you get or expect to get, such as: • Earnings (including self-employment and housing or utilities in exchange for work) • Welfare (from any county and/or state) • Child/Spousal Support • Supplement Security Income/State Supplementary Program (SSI/SSP)

Term	Meaning
	• Cash Assistance Program for Immigrants • Unemployment Insurance Benefits (UIB) • State Disability Insurance (SDI), Workers Compensation, or other disability payments • Veterans Benefits (VA) • Strike funds • Payments from Roomers and/or Boarders • School grants and loans • Interest on bank accounts • Cash Gifts and/or Winnings, and other cash payments
IRT or Income Reporting Threshold	Under the rules for CalWORKs, you are required to report only certain changes in your income or family circumstances between mandatory Status Reports. One such report is required when your family's total income exceeds the Income Reporting Threshold (IRT). The IRT is the greater of 130 percent of the Federal Poverty Level (FPL) of the number of persons whose needs are included in the determination of the cash aid amount ***or*** the level at which the AU becomes financially ineligible. The County will tell you more about the IRT and you family's IRT amount.
Liquid Resources	Liquid Resources means any money other than income, such as: • Cash on hand • Un-cashed checks • Money in bank/credit union accounts • Saving certificates
Minor Consent Services	Under the California Family Code, certain limited medical services, including substance use disorder (SUD) treatment, can be provided to youths without their parent's or guardian's permission. A youth may apply for service on his/her own, without consideration of his/her parents' or guardians' income and resources. State and Federal laws and regulation protect the privacy and identity of the youth applying for Minor Consent services. This means that health care providers as well as the county are

Term	Meaning

	prohibited from contacting the parents or guardian of these youth Minor Consent services includes services related to:
	• Sexual assault
	• Drug and alcohol abuse for children 12 years of age or older
	• Pregnancy
	• Family Planning
	• Venereal diseases for children 12 years of age or older
	• Prevention of and treatment for sexually transmitted diseases for children 12 years of age or older
	• Mental health care for children 12 years of age or older who are in danger of the following:
	  ○ In danger of causing serious physical or mental harm to self or others
	  ○ An alleged victim of incest or child abuse
	• Drug Medi-Cal Minor Consent
	Minor Consent eligibility is for a 30-day period. The minor must reapply in person at the county welfare office to continue to get more Minor Consent services.
	Applying for Minor Consent is NOT available through C4Yourself. To apply, contact a local office to schedule an interview.

Postpartum Period	The postpartum period is a period of 60 days beginning on the last day of pregnancy.
Reapply or Reapplication	To reapply is to apply for a program is to submit an application for a program within 30 days of being discontinued from or denied for that program.
Renew or Renewal	A renewal is an annual re-evaluation or redetermination of your eligibility. Usually in the 11th month of aid you will be asked to fill out another application so the county can see if your family's eligibility will continue or "renewed" for the next year. This term is usually used for Cash Aid. See also: Recertification

Term	Meaning
Recertification	Recertification is the same as Renewal but this is used by the CalFresh program.
Statement of Facts	The Statement of Facts (also called a SAWS2) is a generic application form used for CalWORKs, CalFresh, and Medi-Cal. When the information gathered through C4Yourself is sent to the county. A Case Manager reviews the information and if appropriate links it to a case number in the C-IV System. When all the needed information is gathered and verified, the C-IV system will create a SAWS 2 form. This form can be printed and physically signed by the applicant(s) or it can be signed electronically then printed. Either way, the signature is provided under penalty of perjury. (See: Fraud and Perjury)
SUD or Substance Use Disorder	Substance –related disorders are sicknesses of intoxication, dependence, abuse and withdrawal caused by various substances, both legal and illegal. These substances include: • Alcohol • Amphetamines • Caffeine • Inhalants • Nicotine • Prescription medications • Opioids, such as morphine or heroin • Marijuana • Cocaine • Hallucinogens • Phencyclidine (PCP)
You, Anyone, Everyone	Throughout the C4Yourself on-line e-Application or this Guide, the words, *You*, *Anyone* and/or *Everyone*, mean any and all people who live in your home.

Public Assistance Programs

The table below explains the public assistance programs that are listed in the C4Yourself on-line e-Application. For more information about any of these programs, you can contact your county's Social Services Agency.

Program Acronym	Program Name	Program Description
AAP	Adoption Assistance Program	The Adoption Assistance Program is available to encourage the adoption of special needs children and remove the financial burden of adoption.
APS	Adult Protective Services	Each County has an Adult Protective Services agency to help adults age 65 and older and dependent adults (18-64 who are disabled), when these adults are unable to meet their own need, or are victims of abuse, neglect or exploitation. County APS agencies investigate reports of abuse of elders and dependent adults who live in private homes and hotels or hospitals and health clinics when the abuser is not at staff member. (The Licensing & Certification program of the California Department of Health Services handles cases of abuse by a member of a hospital or health clinic.) County APS staff evaluates abuse cases and arranges for services such as advocacy, counseling, money management, out-of-home placement, or conservatorship.
CalWORKs	California Work Opportunity and Responsibility to Kids	CalWORKs is a welfare program that gives cash aid and services to eligible needy California families. The program is operated locally by all 58 California county welfare department. If a family has little or no cash and needs housing, food, utilities, clothing or medical care, they may

Program Acronym	Program Name	Program Description
		be eligible to receive immediate short-term help. Families that apply and qualify for ongoing assistance receive money each month to help pay for housing, food and other necessary expenses. The amount of a family's monthly assistance payment depends on a number of factors, including the number of people who are eligible and the special needs of any of those family members. The income of the family is considered in calculating the amount of cash aid the family receives.
CAPI	Cash Assistance Program for Immigrants	The Cash Assistance Program for Immigrants program is a 100 percent state-funded program designed to provide monthly cash benefits to aged, blind, and disabled non-citizens who are ineligible for SSI/SSP solely due to their immigrant status
CC	Child Care	Families that get CalWORKs may also be eligible for Child Care services, such as help paying child care costs.
CFET	CalFresh Employment and Training	The CalFresh Employment and Training program is California's employment and training program for CalFresh applicants and recipients.
CL	Cal-Learn	The Cal-Learn program helps pregnant and parenting teens to attend and graduate from high school or its equivalent.
CF	CalFresh	The CalFresh Program can add to your food budget to put healthy and nutritious food on the table.
CHDP	Child Health and Disability	The Child Health and Disability Prevention Program is a preventive program that delivers periodic health screenings

Program Acronym	Program Name	Program Description
	Prevention	and services to low income children and youth in California. CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services. Health screenings are provided by; enrolled private physicians, local health departments, community clinics, managed care plans, and some local school districts.
CPS	Child Protective Services	Child Protective Services is the system of intervention of child abuse and neglect in California. The CPS goal is to keep the child in his/her own home when it is safe, and when the child is at risk, to develop a plan as quickly as possible.
DIV	Diversion	Diversion services can help applicants who need some assistance, but do not want or need to go on welfare. Diversion services allow you to choose to get a lump sum cash payment or non-cash services instead of going on aid. You can only choose to get Diversion services at time of application for cash aid, and you may be eligible for Medi-Cal, child care assistance, and food stamps if you get Diversion services.
ES	Expedited Services	Expedited Services is not a public assistance program. It is a CalFresh application process may let you get CalFresh benefits within 3 days of turning in your application. To be eligible for Expedited Service you must be eligible for CalFresh AND have: • Rent or mortgage and utility costs that are more than your liquid resources and this month's income (before deductions), OR

Program Acronym	Program Name	Program Description
		• No more than $100 liquid resources and less than $150 income (before deductions) for the month, or • No more than $100 liquid resources and at least one member who is a migrant or seasonal farm worker
FC	Foster Care	The Foster Care program provides cash payments and related Medi-Cal benefits for children in out-of-home placements.
GA/GR	General Assistance/General Relief	The General Assistance or General Relief (GA/GR) Program is designed to provide relief and support to indigent adults who are not supported by their own means, other public funds, or assistance programs. Each county's GA/GR program is established and funded (100 percent) by its own Board of Supervisors. As the state is not involved in this program, benefits, payment levels, and eligibility requirements will vary among each of California's 58 counties.
HA-P	Homeless Assistance- Perm	Homeless Assistance – Permanent is a once in a life-time (with a few exceptions) cash benefit that may be available to help you get into a permanent housing situation or pay up to two months of past due rent to prevent eviction. The amount you can get is limited.
HA-T	Homeless Assistance-Temp	Homeless Assistance –Temporary s a cash benefit that may be available for up to 16 days in a row to meet temporary shelter need while you are looking for a permanent place to live. You may be eligible for Homeless Assistance-temporary if you: • Have no place to live or have received a Pay Rent or Quit notice from your landlord

Program Acronym	Program Name	Program Description
		• Do not have more than $100 in resources • Are eligible to or appear to be eligible to CalWORKs • Are actively looking for a permanent place to live
IHSS	In Home Supportive Services	The In Home Supportive Services program will help pay for services provided to you so that you can remain safely in your own home. To be eligible you must be over 65 years of age, or disabled, or blind. Disabled children may also be eligible to IHSS.
IN	Immediate Need	Immediate Need in not a program but a CalWORKs payment method that, if you qualify and it looks like you will be eligible to CalWORKs, would let you to get up to $200 to help you until the application process is finished.
IV-D	IV-D Child Support	If the family includes a child aided by CalWORKs whose parent is not living with the caretaker, the County will automatically notify the local Child Support Agency (LCSA). The LCSA will provide all necessary child support services, including establishing paternity, establishing and enforcing a support obligation and collecting support payments. If the child's paternity has not been previously established, the adult caretaker is required to help the local child support agency do so. This may mean participating in an interview and submitting the child to blood testing if the alleged parent, once contacted, refuses to acknowledge paternity.
KG	Kin-GAP	The Kin-GAP program offers funding to children who leave the juvenile court system to live with a relative legal guardian
LIHP	Low Income	LIHP is a Health Care program that is available to adults

Program Acronym	Program Name	Program Description
	Health Program	between 19 and 64 years of age, who • Are not eligible for Medi-Cal or for the Children's Health Insurance Program • Are not pregnant • Are within their county's income limits • Meet county residency requirements, and • Meet federal citizenship and immigration verification requirements.
Linkages	Linkages Adult Services	Linkages is available to frail seniors and adults with disabilities aged 60 and older who are at risk of being placed in a skilled nursing facility or other institutional setting. Linkages care managers provide case management services as well as information and assistance services that connect clients with available community resources to assist them to remain safely at home and independent in the community.
MC	Medi-Cal	Medi-Cal is California's Medicaid health care program. This program pays for a variety of medical services for children and adults with limited income and resources. Medi-Cal is supported by federal and state taxes. You can apply for Medi-Cal benefits regardless of sex, race, religion, color, national origin, sexual orientation, marital status, age, disability, or veteran status. If you are found (or determined) eligible, you can get Medi-Cal as long as you continue to meet the eligibility requirements.
MSSP	Multipurpose Senior Services Program	MSSP is a program that provides social and health care management for frail elderly people who are eligible for placement in a nursing facility but who wish to remain in the community.

Program Acronym	Program Name	Program Description
PCSP	Personal Care Services Program	PCSP is a Medi-Cal program available to people with full-scope Medi-Cal who fit into one of the following categories: • An adult child who receives care services from a parent • An adult who doesn't have a spouse to provide services, or • A child who doesn't have a parent to provide services Disabled people can get up to 283 hours of service per month under PCSP.
RCA	Refugee Cash Assistance	Needy refugees without children who are not eligible for any other cash aid may be eligible for 8 months of Refugee Cash Assistance. These individuals may also be eligible to receive employment and other social services during the same 8-month period.
SSI/SSP	Supplemental Security Income/ State Supplementary Payment	SSI is a federal cash assistance program for the needy blind, disabled and aged. SSP is a California program that augments SSI. If you get SSI/SSP, you automatically get Medi-Cal Benefits. The Social Security Administration manages both SSI and SSP in California.
WtW	Welfare-to-Work	Welfare-to-Work helps family members get the skills needed to get a job. The County will determine if a family must participate in Welfare-to-Work activities as part of getting CalWORKs. Families may also volunteer to participate.

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About the C4Yourself on-line e-Application

C4Yourself®[1] is a website that allows you to submit applications for public assistance benefits such as cash aid, food and nutrition services, and medical services. If you live in one of the following counties, you may apply for benefits using C4Yourself.

C-IV Counties

Alpine	Lassen	San Benito
Amador	Madera	San Bernardino
Butte	Marin	San Joaquin
Calaveras	Mariposa	Shasta
Del Norte	Mendocino	Sierra
El Dorado	Merced	Siskiyou
Glenn	Modoc	Stanislaus
Humboldt	Mono	Sutter
Imperial	Monterey	Tehama
Inyo	Napa	Trinity
Kern	Nevada	Tuolumne
Kings	Plumas	Yuba
Lake	Riverside	

The C4Yourself on-line e-Application does not determine eligibility to benefits or issue benefits. It is a way for you to give the county the information it will need to determine if you are eligible and how much assistance you can get. A representative of the county, a Case Manager, will look at all the information you give, to see if you are eligible. The more information you can give in the e-Application; the better.

After your application is approved, you can also complete annual renewals of your application for benefits as well as manage your case information through the C4Yourself website.

Do I need to have a Computer?

The C4Yourself on-line e-Application is an internet-based application, so access to a computer with internet access is needed. If you do not have a computer, you may be able to use one at of one the following locations:

- A neighbor's or friend's house
- A public library

[1] C4Yourself is a registered trademark of the Statewide Automated Welfare System Consortium IV Joint Powers Authority and may not be used or reproduced without the express written permission of the Statewide Automated Welfare System Consortium IV Joint Powers Authority. Reg. No. 3,549,680 / 12/23/2008.

- A Community Based Organization
- A county Social Services Agency

Some counties have C4Yourself Kiosks like the one pictured below available at various locations throughout the county. These kiosks include a computer, a printer/scanner, and internet access.

C4Yourself Kiosk Locations

County	Locations
Merced	215 Wardrobe Avenue Merced, CA
Merced	George Washington Carver Center 21475 Reynolds Ave. Dos Palos, CA
Merced	San Joaquin Drug 9215 E. Hwy 140 Planada, CA
Merced	Castle Family Healthcare Center 3065 W. Hospital Road Atwater, CA
San Bernardino	400 N. Pepper Ave. Colton, CA
San Bernardino	400 N. Pepper Ave. Colton, CA
San Bernardino	1627 E. Holt Blvd. Ontario, CA
San Bernardino	15010 Palmdale Road Victorville, CA
San Bernardino	2050 N. Massachusetts San Bernardino, CA

C4Yourself Mobile Application

As of November 2012, you will be able to use the C4Yourself on-line e-Application pages from any smartphone.

Anything that you can do in C4Yourself from a computer you can do from your smartphone.

The Application Process

The rules for applying for cash aid, food and nutrition services, and/or medical services are a little different from program to program, but they all start by asking for certain information in writing. The C4Yourself on-line e-Application gathers most of the information you will need to give. After you send your application to the county, a Case Manager will review the information you gave and decide if more information is needed. The more information you can give through C4Yourself the better.

After sending your application to the county, you may be scheduled for an interview. This interview may take place of over the phone, in person at a county welfare office or in your home.

During the interview, the Case Manager will go over the application and ask you more questions to complete the application process. State and/or Federal laws and regulations require the county to ask these questions.

During the interview, the Case Manager will need to see certain documents. **Even if you don't have all the documents, be sure to go to your interview anyway**—the county may help you get the documents, or tell you another way to show proof of your information.

Checklist of things you will need to provide

	Type of Proof Needed	Proof you can use
☐	**Identification**	You will need to prove who you are. You can use a birth certificate, driver's license, school or work identification, voter registration, Social Security card, a sworn statement from someone who knows you, or an identification form from General Assistance or General Relief.
☐	**Residence**	You will need to give proof that you live in California. You can use your driver's license, vehicle registration, voter registration card, proof your children are registered in school in California or that you work in California. If you have no address, be prepared to tell the county where you are staying.
☐	**Social Security**	You will need to provide Social Security numbers (SSN) for everyone in your household who has one. If someone doesn't have an SSN, you will need to give proof that he/she or you have applied for one. You do not have to provide SSNs for people who are not applying because of their immigrant status.

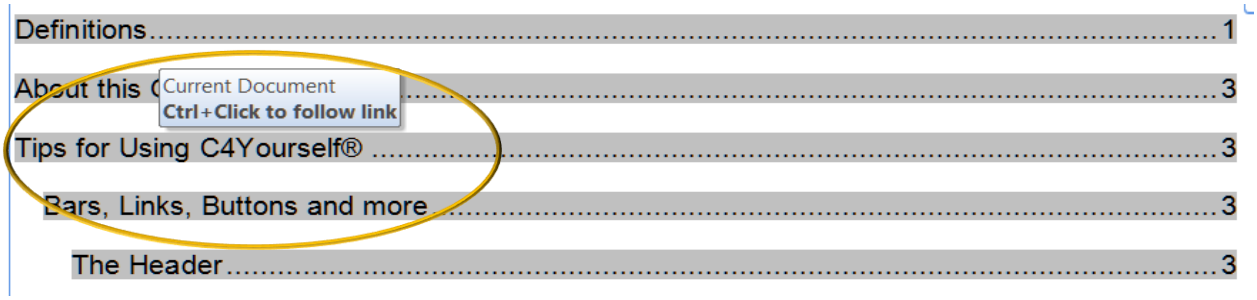
	Type of Proof Needed	Proof you can use
☐	**Income**	If you have income, you will need to prove how much income you have, where it comes from, and when you get it. For money you earn from a job, you can use the following: • Current pay stub • Letter from employer on company letterhead • W-2 Form • Wage tax Receipt • Most recent State or Federal Tax return • Self-Employment bookkeeping records Bring a copy of your benefit check or an official letter describing what you get and when you get it.
☐	**Liquid Resources**	If you have any kind of bank or credit union account, you will need to prove the current balance. You can you a bankbook or latest bank statement.
☐	**Expenses**	Your expenses may be considered when the county figures the amount of CalFresh benefits you might get. To have your expenses considered you will need to give proof of them. Bring rent or mortgage receipts, utilities bills, receipts for child or adult care, proof of court-ordered child support paid. You can also bring proof of medical expenses in the 3 months before you apply (if you want those expenses covered by Medi-Cal).

About this Guide

The purpose of the C4Yourself External User Guide is to be an easy-to-use tutorial and reference source for any person using the C4Yourself on-line e-Application

This Guide provides many pictures of the pages you may see as you move through the application with explanations that should help you understand what you are seeing, but not every step is pictured. The pages that you see and the questions you will be asked depend on the types of public assistance you are asking for and the information you enter.

The Table of Contents provides a link to the subject. Place your mouse pointer over a subject in the Table of Contents, then use the CTRL key on your keyboard and click on the subject with your mouse and you will be moved to the correct page.



Sample Case information

Through this Guide, we will use a made-up family of a mother and her young daughter. They live in a made-up town in San Bernardino County.

All information used in this Guide is made-up to help show you what the pages will look like when you move through the application. The flow of the pages you see will depend on your family situation and your answers to the questions asked. For instance if you say you have a motor vehicle, the **Motor Vehicle** page will automatically come up as you go through the Property section of the application. If you say no one in your household has been in the military or is the spouse, parent, or child of a person who served in the military, the **Military Service** page will not automatically come up.

Sample Family

Mom (Seymour Yourself) is a Navy veteran who works part time, has some health insurance, is buying a home, has a car and utility expenses, etc. Bea's father is absent from the family but he

provides child support and health insurance for Bea. Seymour needs help paying the bills, buying food, and paying medical bills.

Tips for Using C4Yourself

You can move around in the C4Yourself on-line application by clicking on certain parts of the page with your mouse. Below, we explain of some of the ways you can:

- Display C4Yourself in English or Spanish
- Move around in C4Yourself
- Find out where you are in the application process
- Enter and submit information to the county welfare department

Bars, Links, Buttons and more

The Header

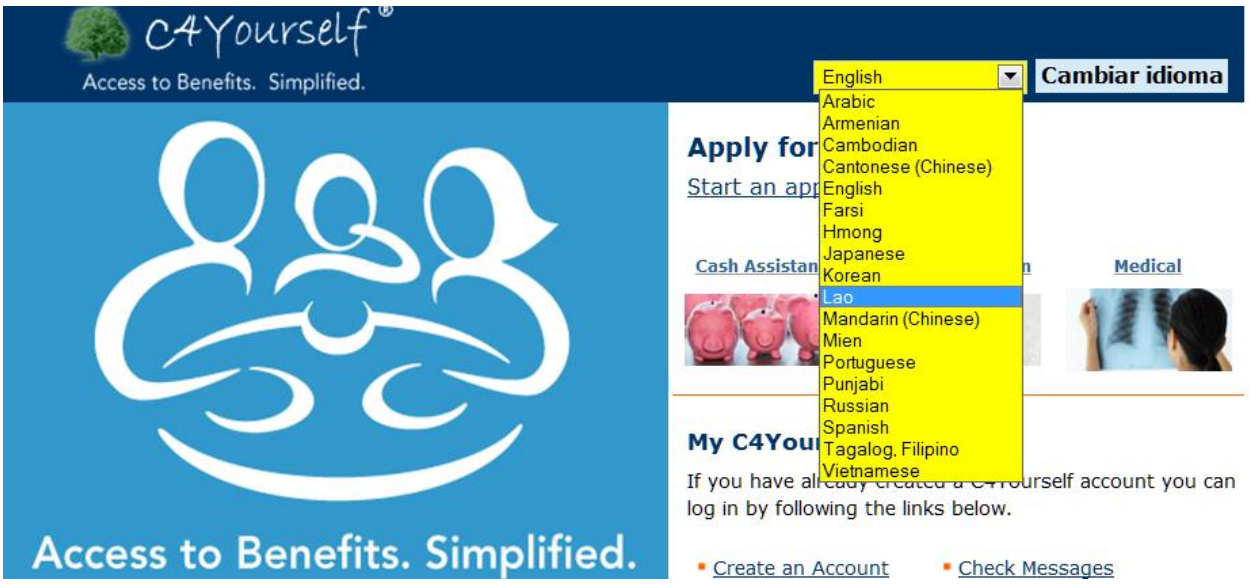
The C4Yourself header is used on every page.

Language Selection

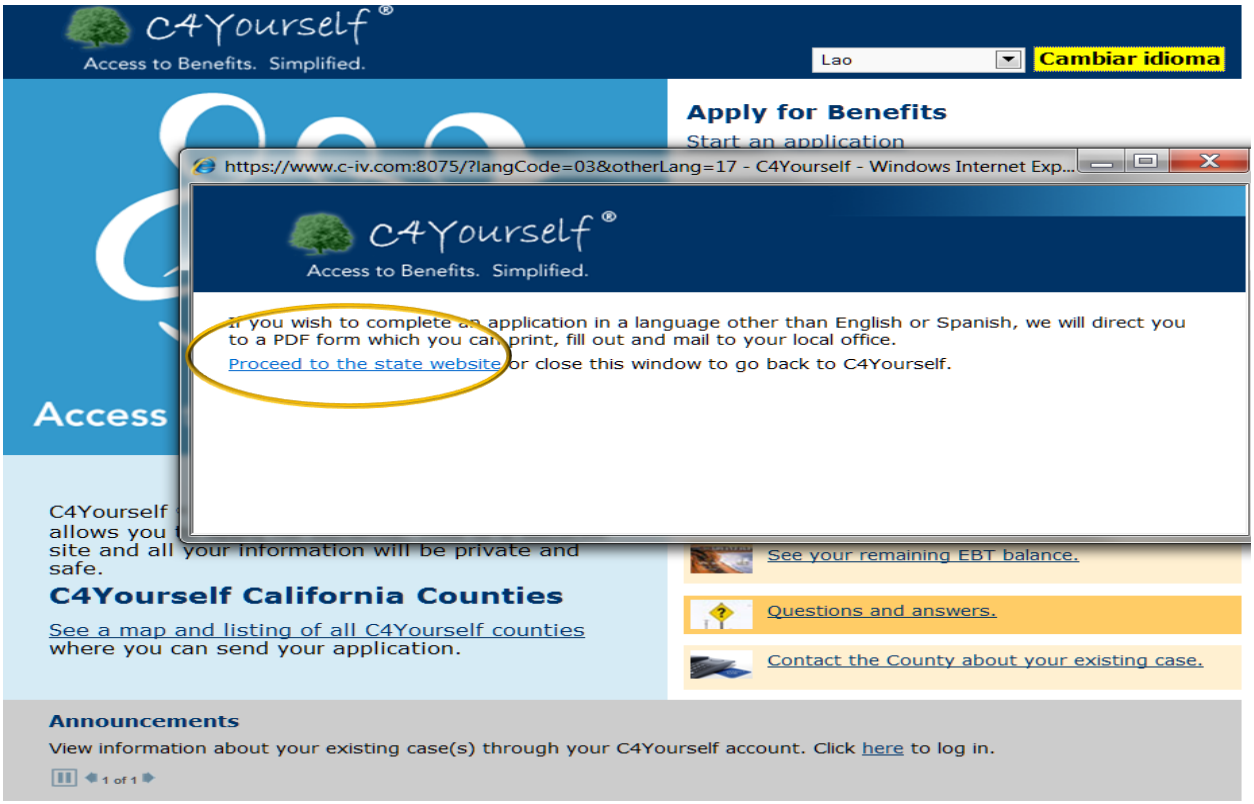
You can use the Language selection on the **Header** to change the language on the C4Yourself pages and the language of your application documents. Currently, C4Yourself supports English and Spanish. If you would like to complete your application in Spanish, make this change before you start your application. Just click the blue **Cambiar idioma** button, and the page will be shown in Spanish. Click the button again and the page changes back to English.

C4Yourself
Acceso a Beneficios. Simplificado.
Español
Change Language
Acceso a Beneficios. Simplificado.
Solicitar Beneficios
Iniciar una solicitud
Asistencia Monetaria
Alimentos y Nutricion
Medico
Mi C4Yourself
Si ha creado anteriormente una cuenta de C4Yourself, usted puede tener acceso a ella oprimiendo las conexiones abajo.
Crear una Cuenta
Revisar Mensajes
Ver Formas
Revisar Beneficios
Ver Cosas que Hacer
Abrir Solicitudes Guardadas
C4Yourself ® es un sistema de uso por Internet que le permite solicitar para beneficios. Este es un sitio asegurado y toda su información será privada y segura.
Condados de C4Yourself en California
Vea un mapa y lista de todos los condados de C4Yourself
Vea su saldo de EBT.
Preguntas y respuestas
Comuníquese con el condado sobre su caso existente
Anuncios
Ver información sobre su caso(s) existente(s) a través de su cuenta de C4Yourself. Oprima aquí para iniciar la sesión.
1 of 1
C4Yourself ® es una marca registrada de la Autoridad de Poderes Conjuntos del Consorcio IV de California a nivel estatal del Sistema Automatizado de Bienestar (SAWS).

If you would like any language other than English or Spanish, choose the language from the Language selection drop-down by clicking the small arrow at the right, click on the language you want and the blue **Cambiar idioma** button.



You will get the following pop-up message.


C4Yourself®
Access to Benefits. Simplified.
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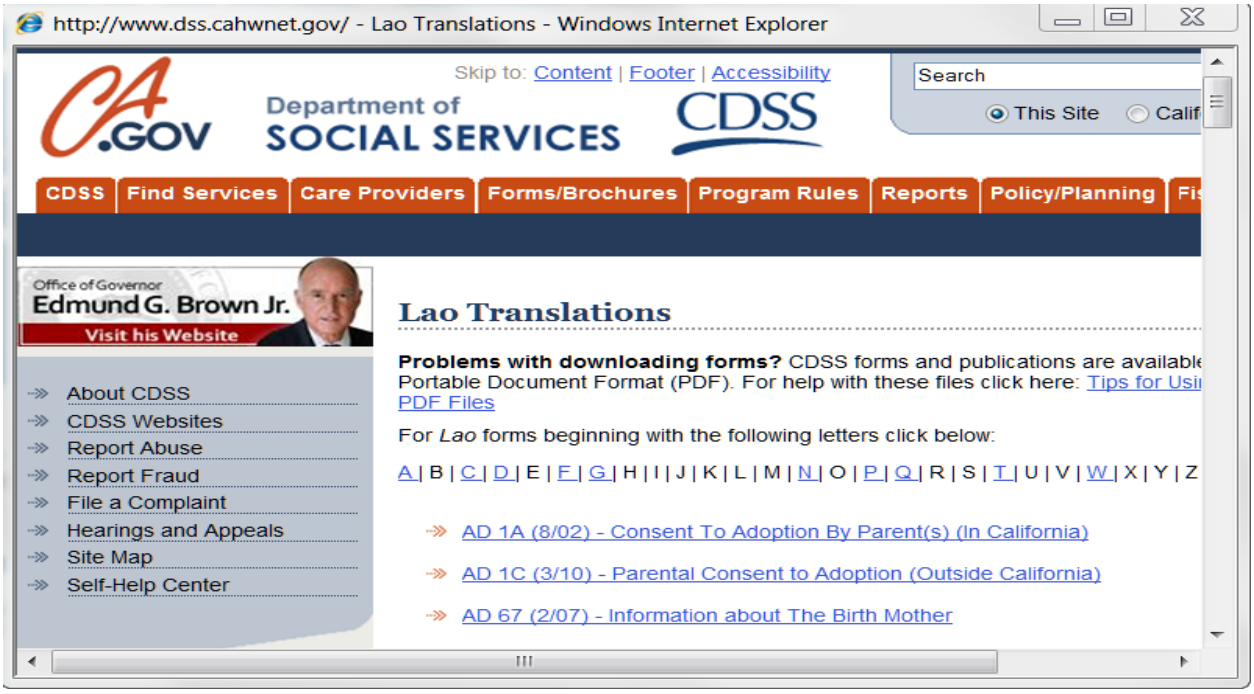
Cambiar idioma
Apply for Benefits
Start an application
https://www.c-iv.com:8075/?langCode=03&otherLang=17 - C4Yourself - Windows Internet Exp...
C4Yourself®
Access to Benefits. Simplified.
If you wish to complete an application in a language other than English or Spanish, we will direct you to a PDF form which you can print, fill out and mail to your local office.
Proceed to the state website or close this window to go back to C4Yourself.
Access
C4Yourself
allows you
site and all your information will be private and safe.
C4Yourself California Counties
See a map and listing of all C4Yourself counties where you can send your application.
See your remaining EBT balance.
Questions and answers.
Contact the County about your existing case.
Announcements
View information about your existing case(s) through your C4Yourself account. Click here to log in.
1 of 1

After clicking the Proceed to the state website link text you will be redirected to the California Department of Social Services (CDSS) website, and to a listing of state forms available in the language you selected. Because not all of the application forms are available in all languages, you may also call your county to get assistance.


http://www.dss.cahwnet.gov/ - Lao Translations - Windows Internet Explorer
Skip to: Content | Footer | Accessibility
Search
This Site
Department of SOCIAL SERVICES
CDSS
CDSS
Find Services
Care Providers
Forms/Brochures
Program Rules
Reports
Policy/Planning
Office of Governor
Edmund G. Brown Jr.
Visit his Website
About CDSS
CDSS Websites
Report Abuse
Report Fraud
File a Complaint
Hearings and Appeals
Site Map
Self-Help Center
Lao Translations
Problems with downloading forms? CDSS forms and publications are available
Portable Document Format (PDF). For help with these files click here: Tips for Usi
PDF Files
For Lao forms beginning with the following letters click below:
A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z
AD 1A (8/02) - Consent To Adoption By Parent(s) (In California)
AD 1C (3/10) - Parental Consent to Adoption (Outside California)
AD 67 (2/07) - Information about The Birth Mother

The Global Navigation Bar

The tabs on the **Global Navigation Bar** tell you what kind of questions you will be asked. You don't have to answer all of the questions before you submit your application, but in most cases, you will have to answer them in order to get benefits. The more complete your application is, the faster your Case Manager will be able to process it.

The Progress Bar

This bar tells you how close you are to finishing the application.

Link Text

Link text is underlined and blue. Clicking this text will take you to another web page. This is also called a hyperlink. An example of link text is shown as Food & Nutrition on the **C4Yourself Home** page.

Required information

You'll see some questions or entry fields with a star * - next to them. This means the information is required and you must give the information before you can go on to the next page.

Selection boxes

Check this ☐ box next to the item you want to select.

Check this ◉ button next to the item you want to select.

Buttons

The **Next** button takes you to the next page.

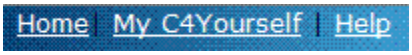
The **Back** button takes you to the page before the one you are on now.

The **Exit** button ends your application. If you created a user name and password, all your information will be saved.

The **Remove** button removes the person or information from your application.

The **Edit** button takes you to a person's information so you can make changes.

The **Send Application** button sends your application to the county. If you click this button, it will show you a list of county offices that accept e-Applications in your area based on the distance from your home address. You can select the office closest to your home or one close to your work if its more convenient.

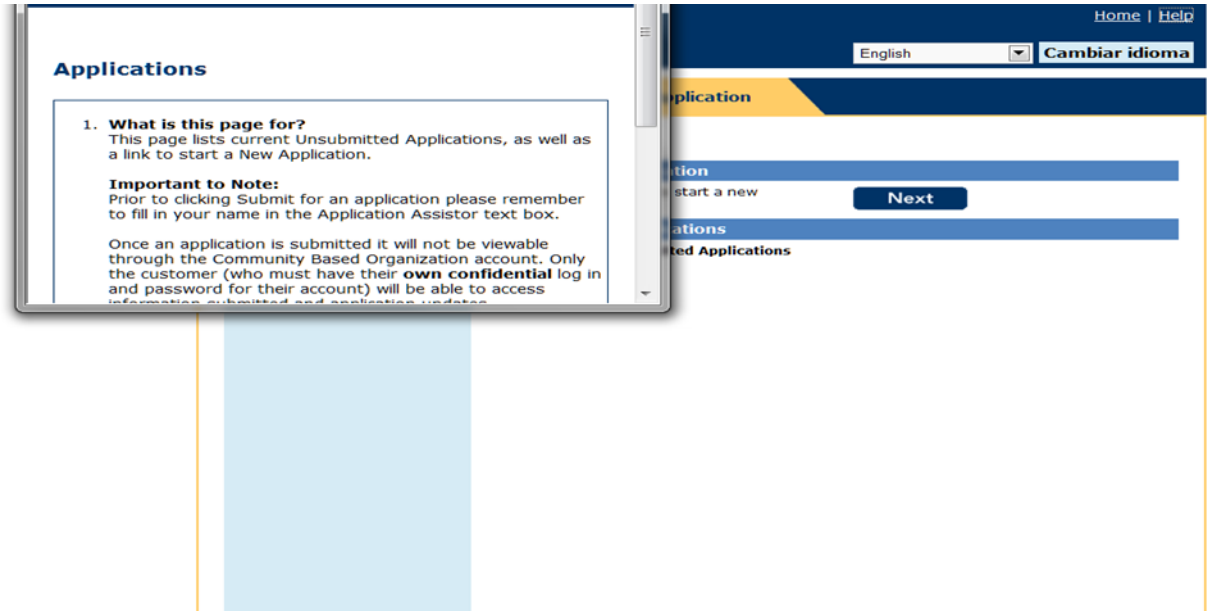


The **Home/My C4Yourself/Help** bar allows you to move to different pages.

Clicking the **Home** link will take you back to the **C4Yourself Home** page.

The **My C4Yourself** link will take you back to your personal **My C4Yourself Home** page.

The **Help** link opens a pop-up window showing information to help you understand the questions on the page.


Applications
1. What is this page for?
This page lists current Unsubmitted Applications, as well as a link to start a New Application.
Important to Note:
Prior to clicking Submit for an application please remember to fill in your name in the Application Assistor text box.
Once an application is submitted it will not be viewable through the Community Based Organization account. Only the customer (who must have their own confidential log in and password for their account) will be able to access
Home | Help
English
Cambiar idioma
start a new
Next

Time Out message

If you have the C4Yourself application open but you haven't done anything for 60 minutes you will get "Timed-out" meaning you must log back in. The save application process only works if you've gotten past the **Start Application** page. Any information you've entered up to and including the **Start Application** page will not be saved. You will need to start again.

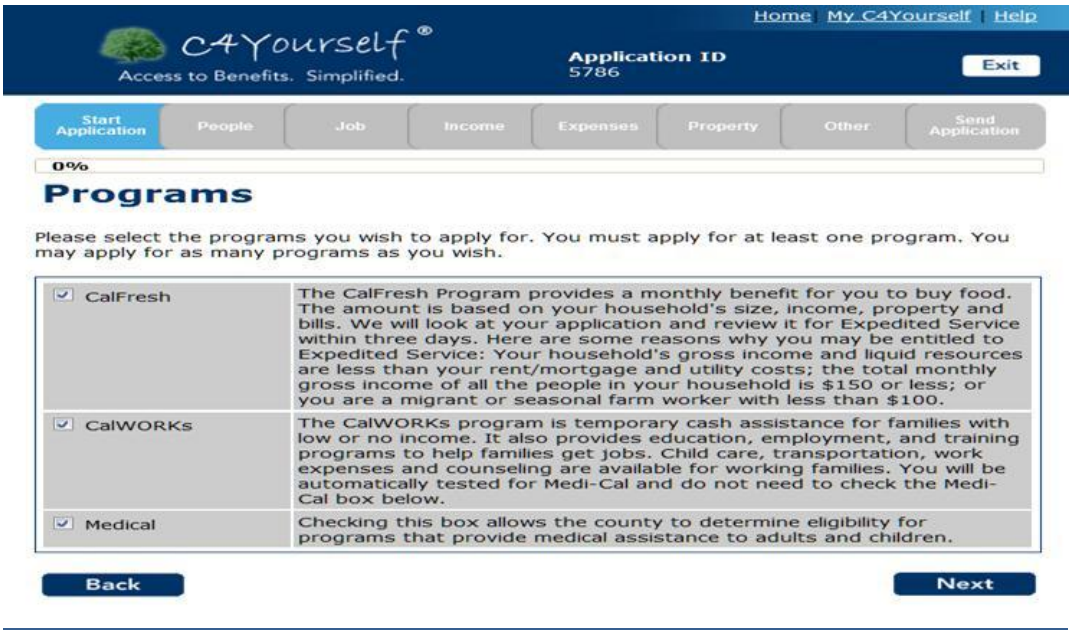
This is an important security measure required by Federal law to protect you.

VeriSign Logo

This symbol, on the bottom of the **C4Yourself Home** page, ensures that all the information you enter is safely being entered on a secured website. **IF YOU DO NOT SEE THIS SYMBOL, EXIT THE SITE USING THE RED X IN THE UPPER RIGHT CORNER OF THE SCREEN.** Click the following hyperlink to be taken to the secured C4Yourself website located at:

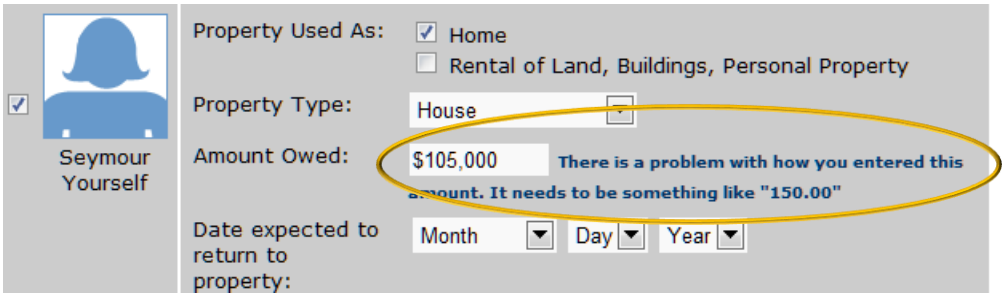
https://www.c4yourself.com/c4yourself/

INPORTANT NOTE: Once you have gotten to the actual Application input pages (**Programs** page and beyond) the VeriSign symbol does not appear again until you are asked to sign and submit the application (see picture below).


Home | My C4Yourself | Help
C4Yourself
Access to Benefits. Simplified.
Application ID
5786
Exit
Start Application
People
Job
Income
Expenses
Property
Other
Send Application
0%
Programs
Please select the programs you wish to apply for. You must apply for at least one program. You may apply for as many programs as you wish.
CalFresh
The CalFresh Program provides a monthly benefit for you to buy food. The amount is based on your household's size, income, property and bills. We will look at your application and review it for Expedited Service within three days. Here are some reasons why you may be entitled to Expedited Service: Your household's gross income and liquid resources are less than your rent/mortgage and utility costs; the total monthly gross income of all the people in your household is $150 or less; or you are a migrant or seasonal farm worker with less than $100.
CalWORKs
The CalWORKs program is temporary cash assistance for families with low or no income. It also provides education, employment, and training programs to help families get jobs. Child care, transportation, work expenses and counseling are available for working families. You will be automatically tested for Medi-Cal and do not need to check the Medi-Cal box below.
Medical
Checking this box allows the county to determine eligibility for programs that provide medical assistance to adults and children.
Back
Next

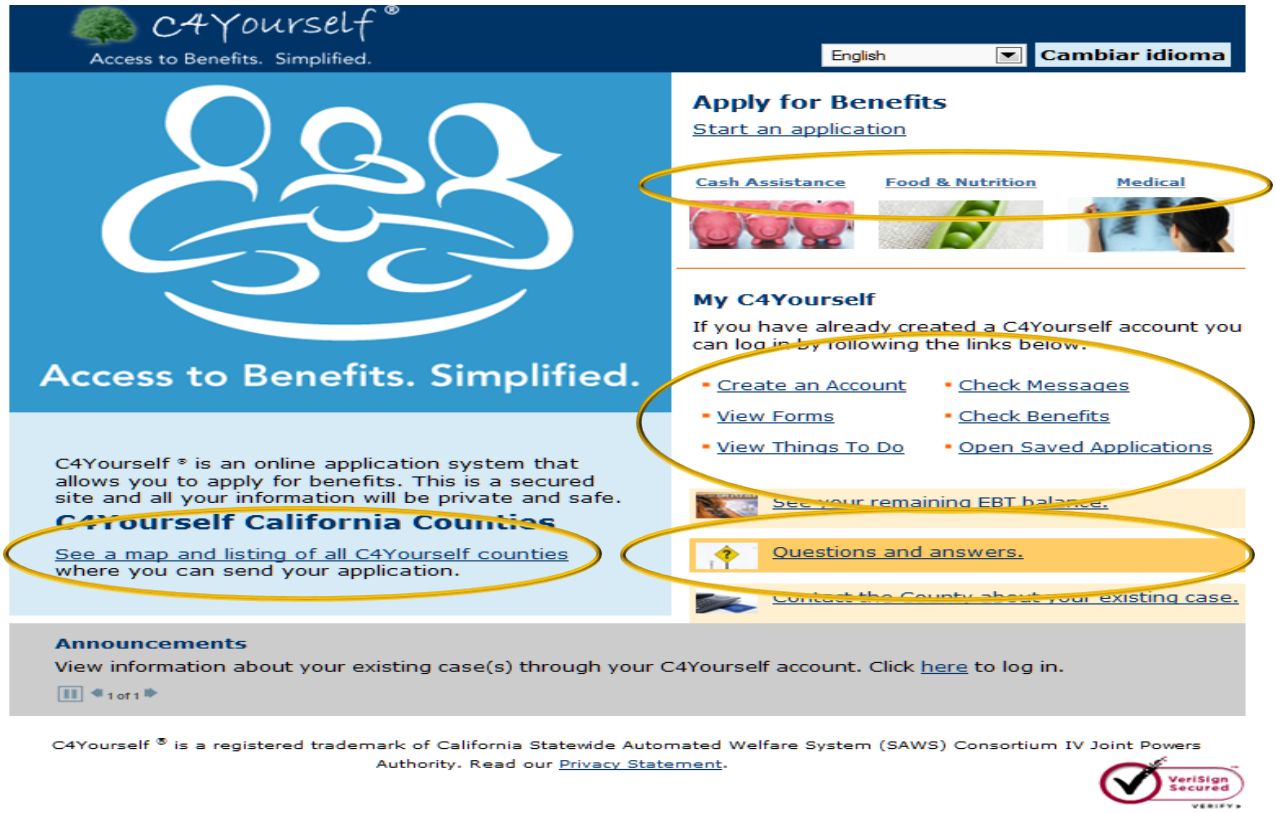
Entering dollar amounts

It is not necessary to enter the $ symbol when entering dollar amounts. Just enter the numbers like 105,000. You will get an error message if you include the $ symbol.



C4Yourself Home page

The **C4Yourself Home** page provides a starting point for exploring many options for getting information about the types of public assistance available and how and where to apply for those benefits.


C4Yourself
Access to Benefits. Simplified.
English
Cambiar idioma
Access to Benefits. Simplified.
Apply for Benefits
Start an application
Cash Assistance
Food & Nutrition
Medical
My C4Yourself
If you have already created a C4Yourself account you can log in by following the links below.
Create an Account
Check Messages
View Forms
Check Benefits
View Things To Do
Open Saved Applications
C4Yourself is an online application system that allows you to apply for benefits. This is a secured site and all your information will be private and safe.
C4Yourself California Counties
See a map and listing of all C4Yourself counties where you can send your application.
Questions and answers.
Announcements
View information about your existing case(s) through your C4Yourself account. Click here to log in.
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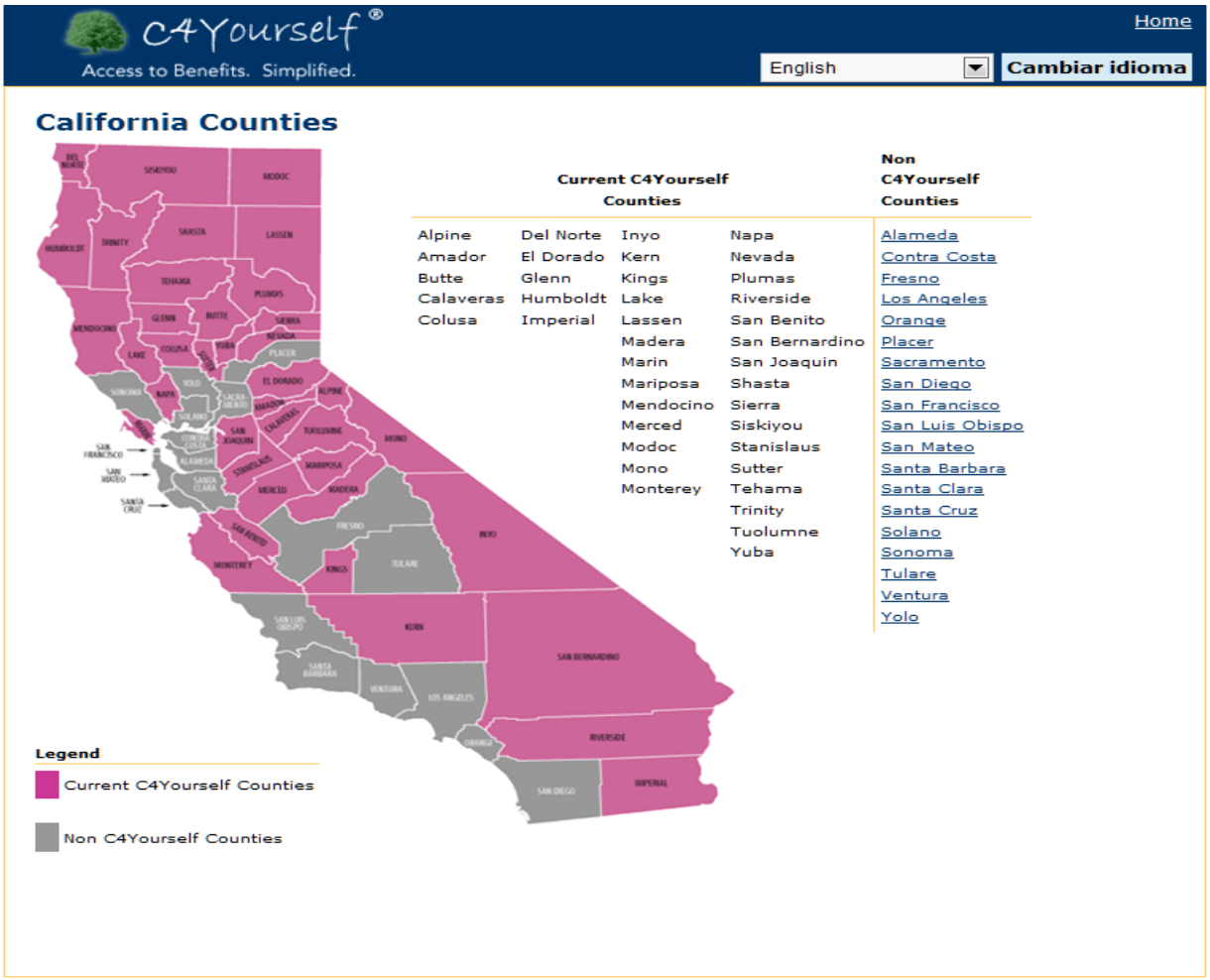
On the **C4Yourself Home** page, you can:

1. Read about the public assistance programs available through C4Yourself by clicking on the program type.
2. Link to the **Login** page. Each link text will take you to a specific page after you log in. For instance, clicking the View Forms link text will take you to the **Login** page, and then when you log in, the **My Forms** page appears.
3. Read about the different buttons and icons used by C4Yourself and the answers to questions other users of C4Yourself have asked. This is a great place to get answers to questions like:
    - Can I work and still receive help?

- How long will it take to find out if I am eligible?
- What is the Medi-Cal Program?

4. Check to see if you live in a county that uses the C4Yourself on-line application by clicking the See a map and listing of all C4Yourself counties link text. The **California Counties** page shows a map of California.



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If you live in a Non-C4Yourself county, you can click the name of your county to be taken to the ***e-benefits California*** website (http://www.benefitscal.com).

English | Español
Your online resource for California benefits. Simplified.
Welcome to the e-benefits California website!
This site connects you to applications for Medi-Cal, County Medical Services Program (CMSP), CalFresh (formerly known as Food Stamps) and California Work Opportunity and Responsibility to Kids (CalWORKs) benefits in California.
You can apply online! Just pick your county of residence, click on the Go button and you will be a step closer to getting the help you need.
benefitscal.com
Select your county of residence:
California Counties
Go
calfresh

This website has a drop-down list of all the counties in California. Select your county and click Go to be taken to your county's e-Application site.

What Types of Assistance can I Apply for through C4Yourself?

To learn about each program click the program's link text on the **C4Yourself Home** page.

In addition to these three major types of assistance programs that use the C4Yourself e-Application system, the Disaster CalFresh program may also be available.

Disaster CalFresh

When a disaster is declared in a C-IV county, Disaster CalFresh is made available through the C4Yourself on-line application. This program is available to meet the needs of disaster victims within a 30-day period following a natural disaster such as a flood, fire, earthquake, or any other natural disaster. D-CalFresh provides a month's worth of benefits on an Electronic Benefit Transfer (EBT) card that can be used to buy food at authorized retail stores. The link to apply for D-CalFresh is only turned on when all of the following actions occur:

- A Presidential Declaration for Individual Assistance has been declared in the affected area,
- Commercial channels for food distribution have been disrupted and those commercial channels have been restored, and
- The State of California has been approved to operate a D-CalFresh program.

When the D-CalFresh program is active in your County by the Federal government and the State of California, a new link text appears on the **C4YourselfHome** page.

C4Yourself
Access to Benefits. Simplified.
English
Cambiar idioma
Apply for Benefits
Start a Disaster CalFresh application.
Start an application
Cash Assistance
Food & Nutrition
Medical
Access to Benefits. Simplified.
My C4Yourself
If you have already created a C4Yourself account you can log in by following the links below.
Create an Account
Check Messages
View Forms
Check Benefits
View Things To Do
Open Saved Applications
C4Yourself ® is an online application system that allows you to apply for benefits. This is a secured site and all your information will be private and safe.
C4Yourself California Counties
See a map and listing of all C4Yourself counties where you can send your application.
See your remaining EBT balance.
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Announcements
View information about your existing case(s) through your C4Yourself account. Click here to log in.
1 of 1
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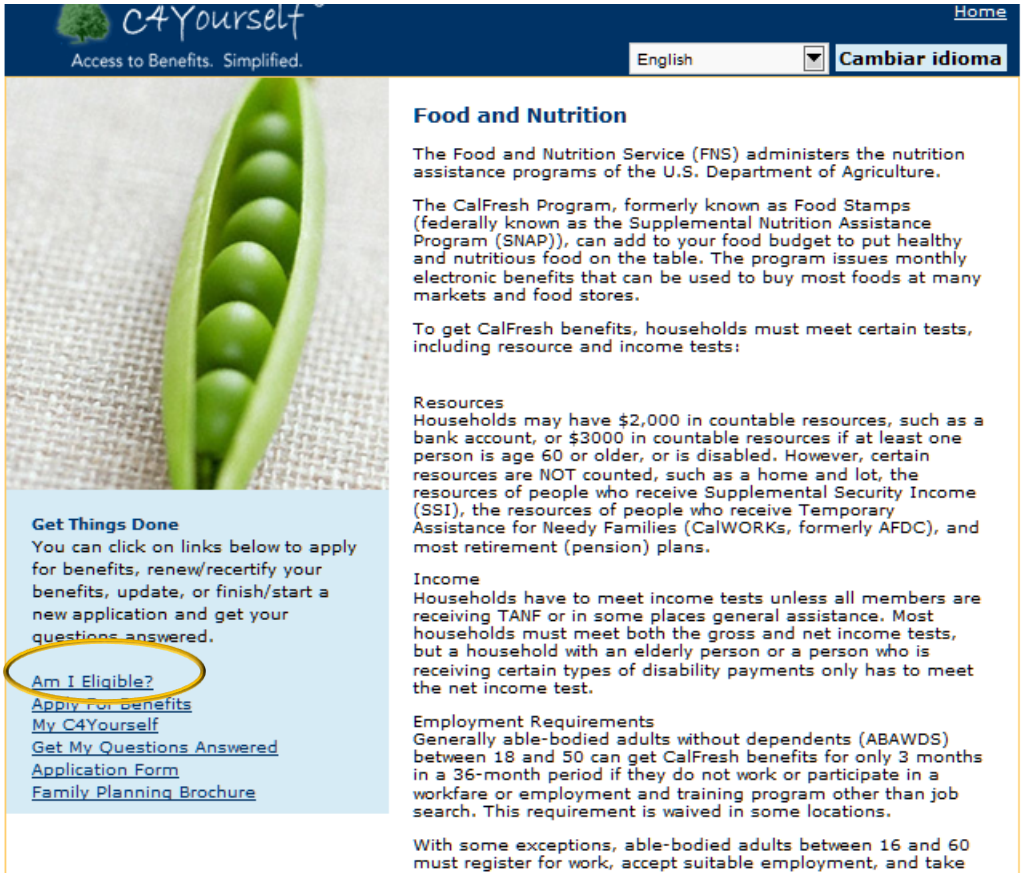
Am I Eligible?

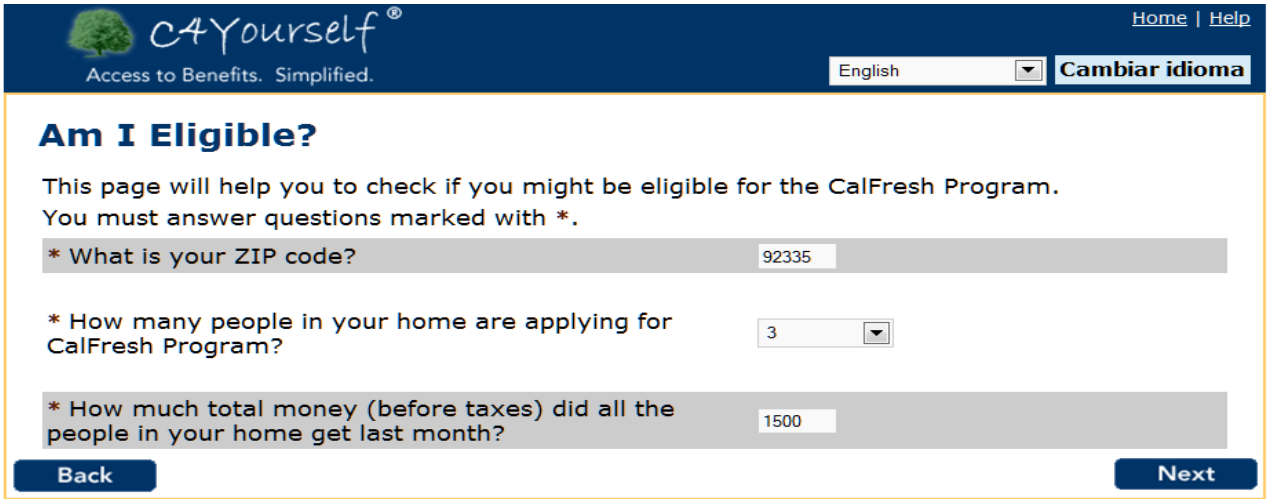
The **Am I Eligible?** page helps you find out if you MIGHT be eligible based on minimal information. Currently, **Am I Eligible?** is used for Food & Nutrition programs only.

1. Click the Food & Nutrition link text on the **C4Yourself Home** page.

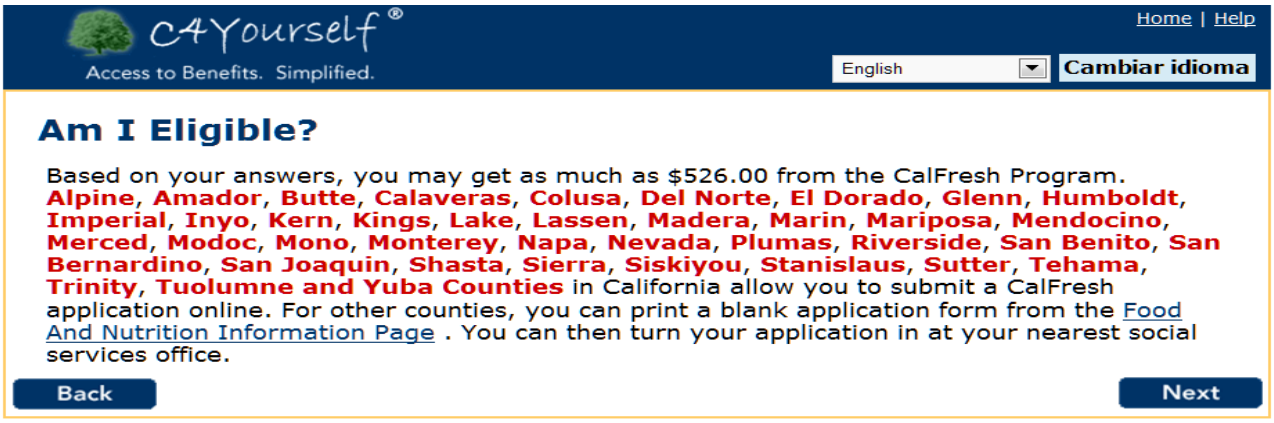

C4Yourself
Access to Benefits. Simplified.
Home
English
Cambiar idioma
Food and Nutrition
The Food and Nutrition Service (FNS) administers the nutrition assistance programs of the U.S. Department of Agriculture.
The CalFresh Program, formerly known as Food Stamps (federally known as the Supplemental Nutrition Assistance Program (SNAP)), can add to your food budget to put healthy and nutritious food on the table. The program issues monthly electronic benefits that can be used to buy most foods at many markets and food stores.
To get CalFresh benefits, households must meet certain tests, including resource and income tests:
Resources
Households may have $2,000 in countable resources, such as a bank account, or $3000 in countable resources if at least one person is age 60 or older, or is disabled. However, certain resources are NOT counted, such as a home and lot, the resources of people who receive Supplemental Security Income (SSI), the resources of people who receive Temporary Assistance for Needy Families (CalWORKs, formerly AFDC), and most retirement (pension) plans.
Income
Households have to meet income tests unless all members are receiving TANF or in some places general assistance. Most households must meet both the gross and net income tests, but a household with an elderly person or a person who is receiving certain types of disability payments only has to meet the net income test.
Employment Requirements
Generally able-bodied adults without dependents (ABAWDS) between 18 and 50 can get CalFresh benefits for only 3 months in a 36-month period if they do not work or participate in a workfare or employment and training program other than job search. This requirement is waived in some locations.
With some exceptions, able-bodied adults between 16 and 60 must register for work, accept suitable employment, and take
Get Things Done
You can click on links below to apply for benefits, renew/recertify your benefits, update, or finish/start a new application and get your questions answered.
Am I Eligible?
Apply For Benefits
My C4Yourself
Get My Questions Answered
Application Form
Family Planning Brochure

2. Click the **Am I Eligible?** link text.

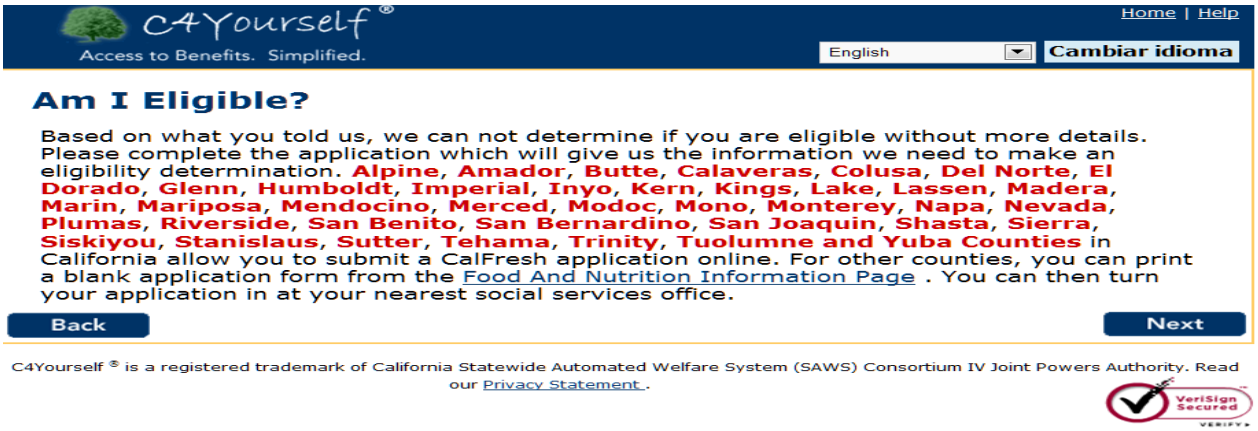
3. Enter the required information and click Next


C4Yourself®
Access to Benefits. Simplified.
Home | Help
English
Cambiar idioma
Am I Eligible?
This page will help you to check if you might be eligible for the CalFresh Program.
You must answer questions marked with *.
* What is your ZIP code?
92335
* How many people in your home are applying for CalFresh Program?
3
* How much total money (before taxes) did all the people in your home get last month?
1500
Back
Next

The **Am I Eligible** page appears with a response. The response may be an estimate of what you may get or it may say that we can't determine if you are eligible without more details. Either way you are encouraged to continue the application process.


C4Yourself®
Access to Benefits. Simplified.
Home | Help
English
Cambiar idioma
Am I Eligible?
Based on your answers, you may get as much as $526.00 from the CalFresh Program. Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Plumas, Riverside, San Benito, San Bernardino, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne and Yuba Counties in California allow you to submit a CalFresh application online. For other counties, you can print a blank application form from the Food And Nutrition Information Page . You can then turn your application in at your nearest social services office.
Back
Next

or


C4Yourself®
Access to Benefits. Simplified.
Home | Help
English
Cambiar idioma
Am I Eligible?
Based on what you told us, we can not determine if you are eligible without more details. Please complete the application which will give us the information we need to make an eligibility determination. Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kern, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Plumas, Riverside, San Benito, San Bernardino, San Joaquin, Shasta, Sierra, Siskiyou, Stanislaus, Sutter, Tehama, Trinity, Tuolumne and Yuba Counties in California allow you to submit a CalFresh application online. For other counties, you can print a blank application form from the Food And Nutrition Information Page . You can then turn your application in at your nearest social services office.
Back
Next
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To make an application on-line you will need to create a User Account. Click

.

Why Create a User Account?

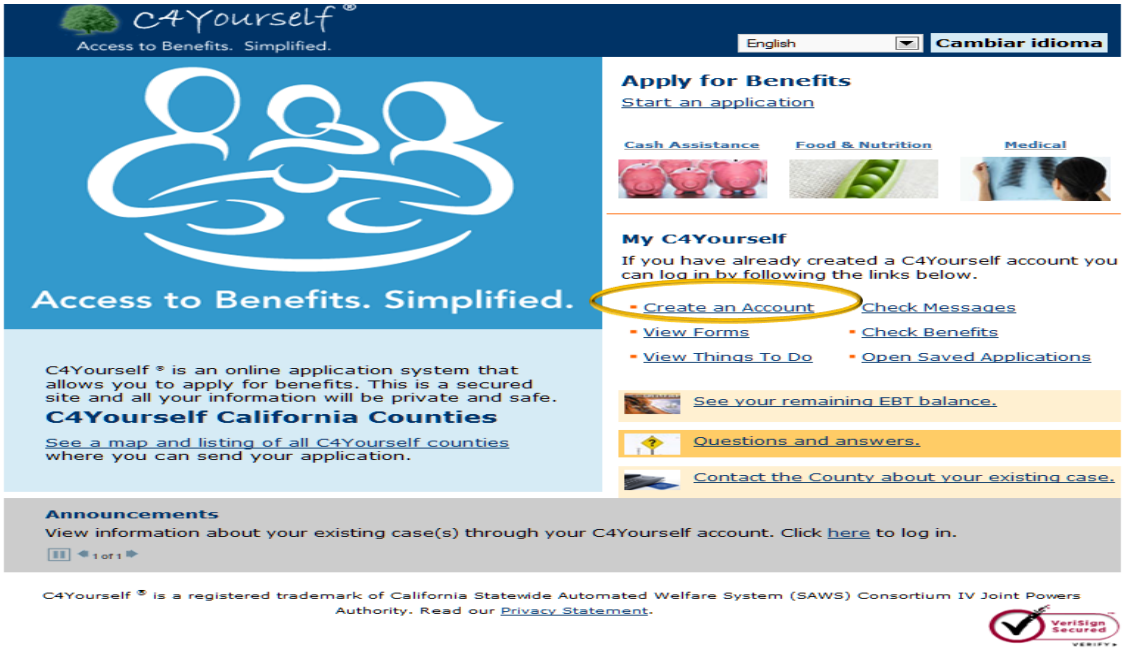
A User Account is needed to allow you to do the following:

- Start an on-line application
- Save the information you've entered
- Re-open a saved application that you've started, but not finished
- Submit the application to your county electronically
- Check messages left for you by your county Case Manager

- View a To Do list of things you must do to complete the application process like, send in verifications
- Link to your active case even if you didn't apply electronically through C4Yourself
- Check your current Benefits

Create a C4Yourself User Account

1. On the **C4Yourself Home** page, click the Create an Account link text.


C4Yourself
Access to Benefits. Simplified.
English
Cambiar idioma
Access to Benefits. Simplified.
Apply for Benefits
Start an application
Cash Assistance
Food & Nutrition
Medical
My C4Yourself
If you have already created a C4Yourself account you can log in by following the links below.
Create an Account
Check Messages
View Forms
Check Benefits
View Things To Do
Open Saved Applications
See your remaining EBT balance.
Questions and answers.
Contact the County about your existing case.
C4Yourself is an online application system that allows you to apply for benefits. This is a secured site and all your information will be private and safe.
C4Yourself California Counties
See a map and listing of all C4Yourself counties where you can send your application.
Announcements
View information about your existing case(s) through your C4Yourself account. Click here to log in.
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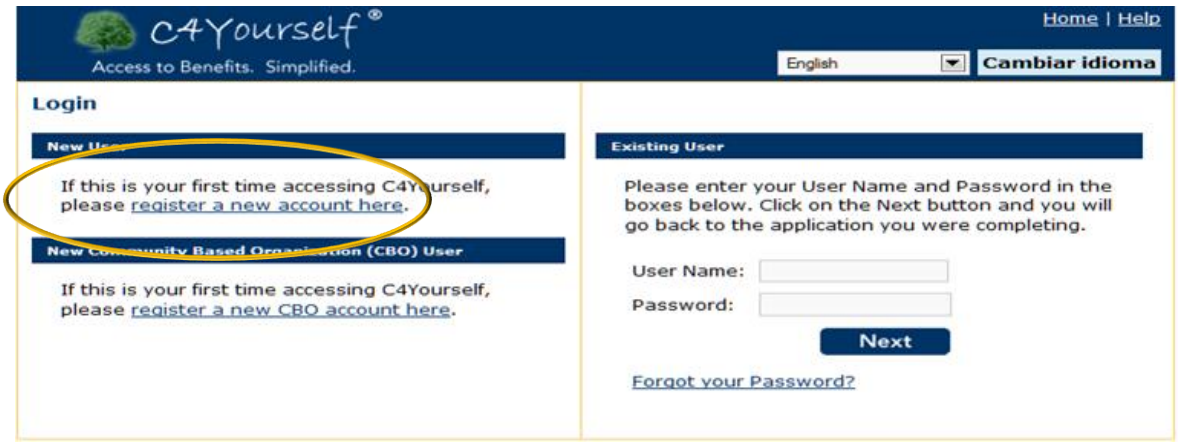
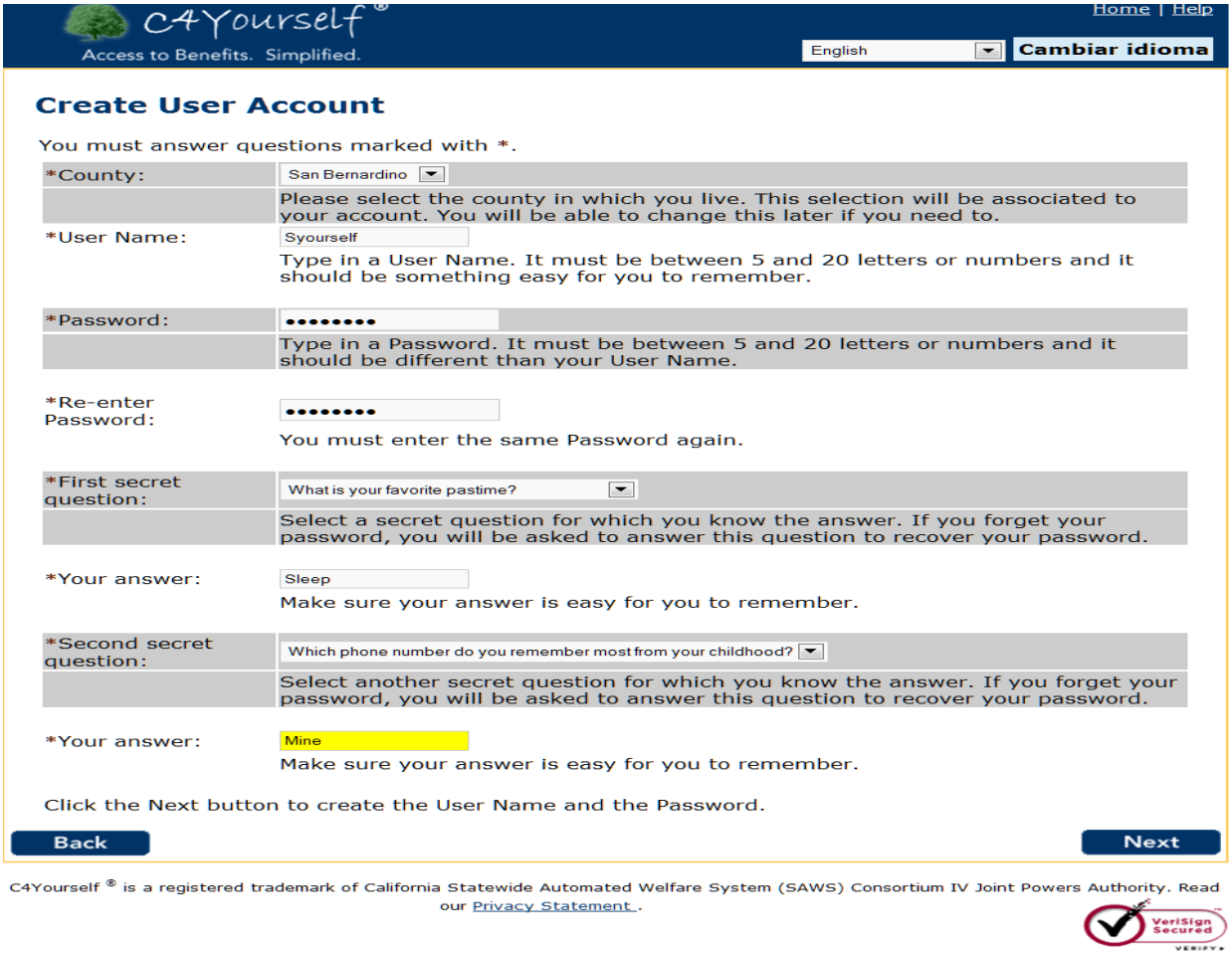
2. On the **C4Yourself Login** page, click the register a new account here link text.


C4Yourself
Access to Benefits. Simplified.
Home | Help
English
Cambiar idioma
Login
If this is your first time accessing C4Yourself, please register a new account here.
If this is your first time accessing C4Yourself, please register a new CBO account here.
Existing User
Please enter your User Name and Password in the boxes below. Click on the Next button and you will go back to the application you were completing.
User Name:
Password:
Next
Forgot your Password?

3. On the **Create User Account** page, enter all the information requested.

The **County** drop-down will always list all the counties in California. If you select a non-C-IV county, an error message will appear at the top of the page. What caused the error?

- Did you pick the right county but, it isn't a C-IV county? If you do live in a non-C-IV county, click the **Go to my county application** website link text. The **e-benefits California** page appears
- Did you pick the wrong county? To fix the error:
  a. Select the correct county
  b. Re-enter your Password, twice
  c. Click **Next**. The **My Application** page appears.


C4Yourself
Access to Benefits. Simplified.
Home | Help
English
Cambiar idioma
Create User Account
You must answer questions marked with *.
*County:
San Bernardino
Please select the county in which you live. This selection will be associated to your account. You will be able to change this later if you need to.
*User Name:
Syourself
Type in a User Name. It must be between 5 and 20 letters or numbers and it should be something easy for you to remember.
*Password:
Type in a Password. It must be between 5 and 20 letters or numbers and it should be different than your User Name.
*Re-enter Password:
You must enter the same Password again.
*First secret question:
What is your favorite pastime?
Select a secret question for which you know the answer. If you forget your password, you will be asked to answer this question to recover your password.
*Your answer:
Sleep
Make sure your answer is easy for you to remember.
*Second secret question:
Which phone number do you remember most from your childhood?
Select another secret question for which you know the answer. If you forget your password, you will be asked to answer this question to recover your password.
*Your answer:
Mine
Make sure your answer is easy for you to remember.
Click the Next button to create the User Name and the Password.
Back
Next
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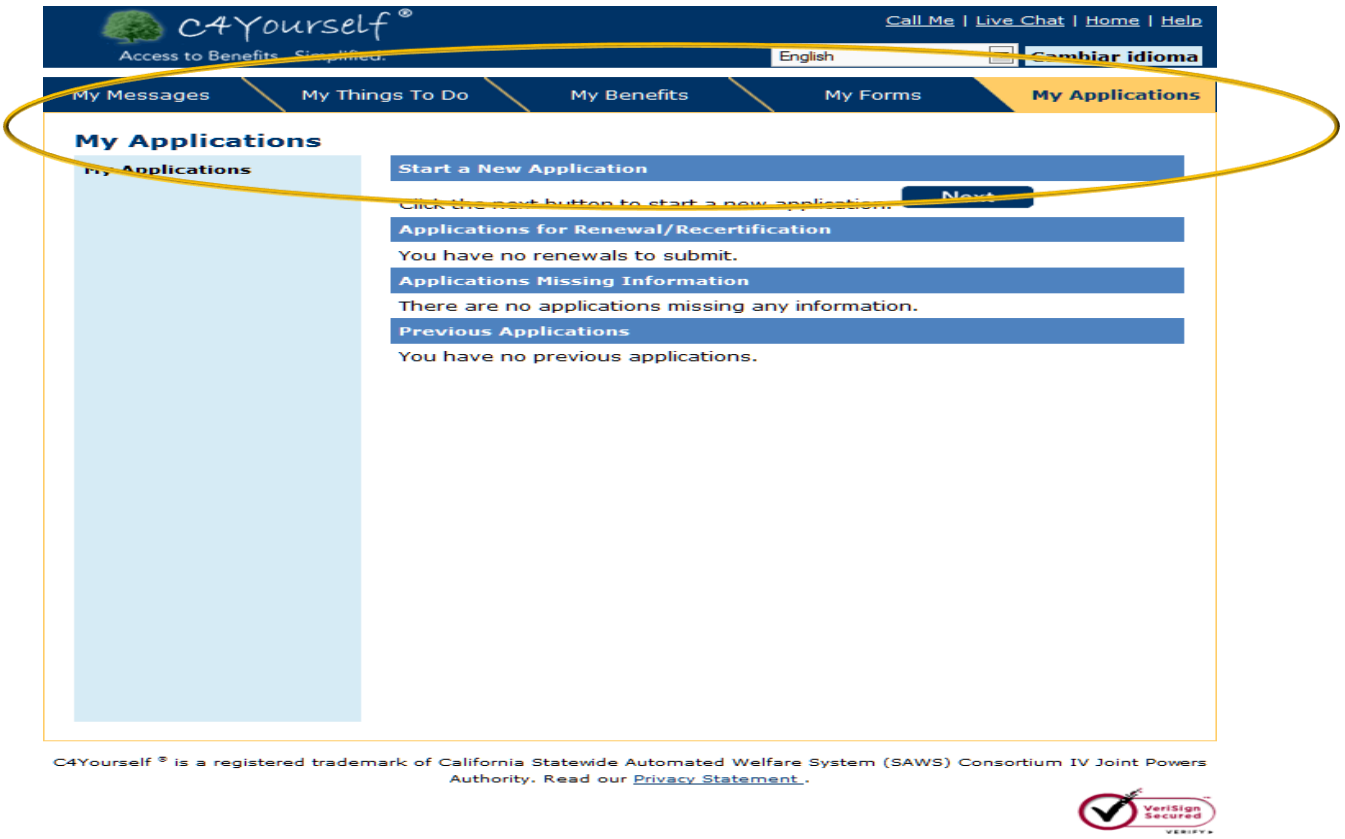
The User Name and Password are case sensitive. Make sure your User Name, Password, and secret questions & answers are easy for you to remember!


C4Yourself®
Access to Benefits
Call Me | Live Chat | Home | Help
English
Cambiar idioma
My Messages
My Things To Do
My Benefits
My Forms
My Applications
My Applications
Start a New Application
Next
Applications for Renewal/Recertification
You have no renewals to submit.
Applications Missing Information
There are no applications missing any information.
Previous Applications
You have no previous applications.
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VeriSign Secured

You can think of the **My Applications** page as your personal C4Yourself Home page. Notice there is a new **Navigation Bar** that allows you to move through other pages that are specific to you.

Login

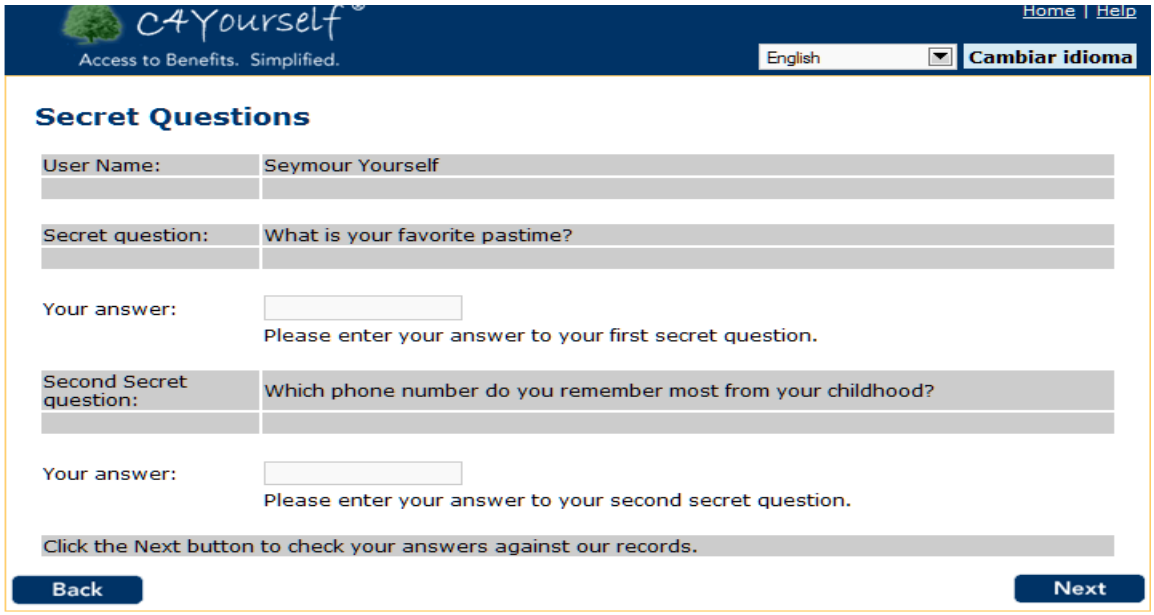
Once you've created your account you can return to it anytime you want, 24 hours-a-day, 7 days-a-week. Any of the link texts under **Apply for Benefits** or **My C4Yourself** on the **C4Yourself Home** page will take you to the **Login** page.

1. Enter your **User Name**
2. Enter your **Password**
3. Click Next. The **My Applications** page appears.

I forgot my Login information

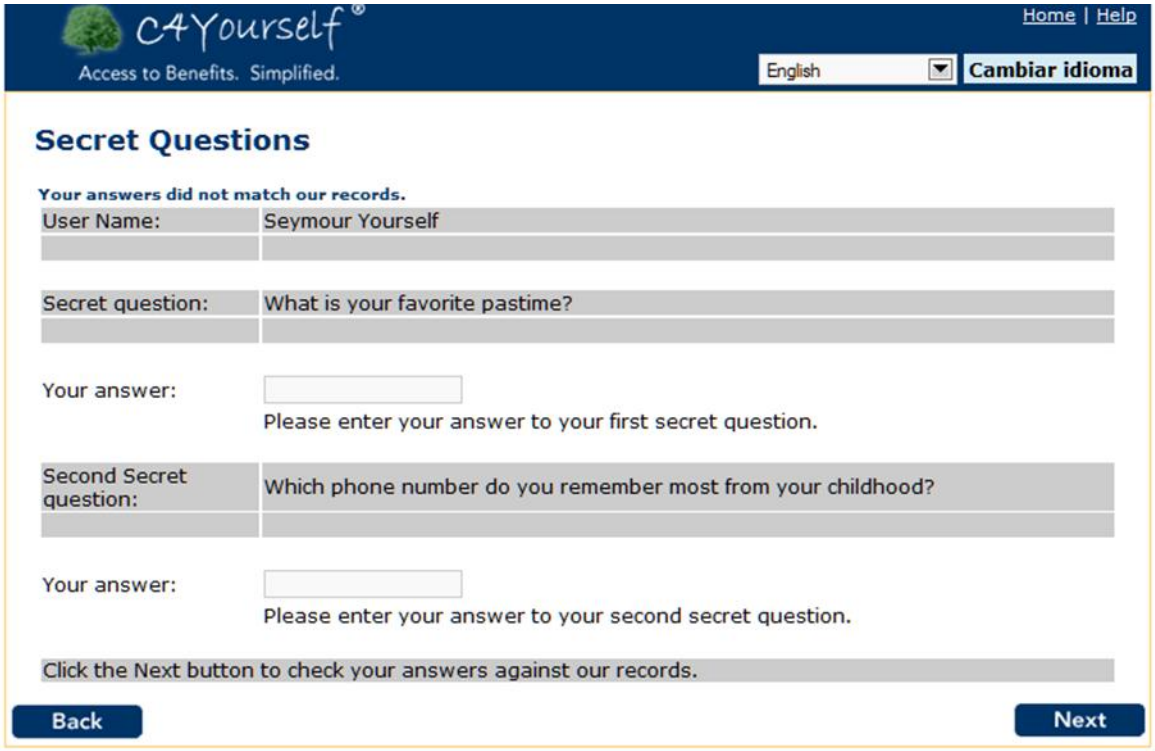
The secret questions and answers are needed to re-set your Login information. If you need to reset your password and do not remember your secret questions & answers, you will need to create a new C4Yourself account and then link the new account to your old account using the **My Things To Do** tab on your **MyC4Yourself** page.

1. Click Forgot your Password? link text.
2. Enter your **User Name** and click Next. The **Secret Questions** page appears.



3. Enter the answers to your secret questions and click Next.

If the answers are not correct, a message appears.


C4Yourself
Access to Benefits. Simplified.
Home | Help
English
Cambiar idioma
Secret Questions
Your answers did not match our records.
User Name:
Seymour Yourself
Secret question:
What is your favorite pastime?
Your answer:
Please enter your answer to your first secret question.
Second Secret question:
Which phone number do you remember most from your childhood?
Your answer:
Please enter your answer to your second secret question.
Click the Next button to check your answers against our records.
Back
Next

4. Click Back**. T**he Login page appears.
5. Click register a new account here link text on the **Login** page.
6. Enter the required information on the **Create User Account** page and click Next. The **My Applications** page appears. If you had started an application but not finished it, you will need to start again.

Call Me & Live Chat

C4Yourself has a function that allows you to ask a Case Manager to call you or to chat live with a Case Manager. You will not see the links to these functions until you register an account with a C-IV county that supports these functions. Currently the **Call Me** and **Live Chat** (also known as **Click to Chat**) functions are *only available some C-IV Counties.*

Call Me and Live Chat Availability

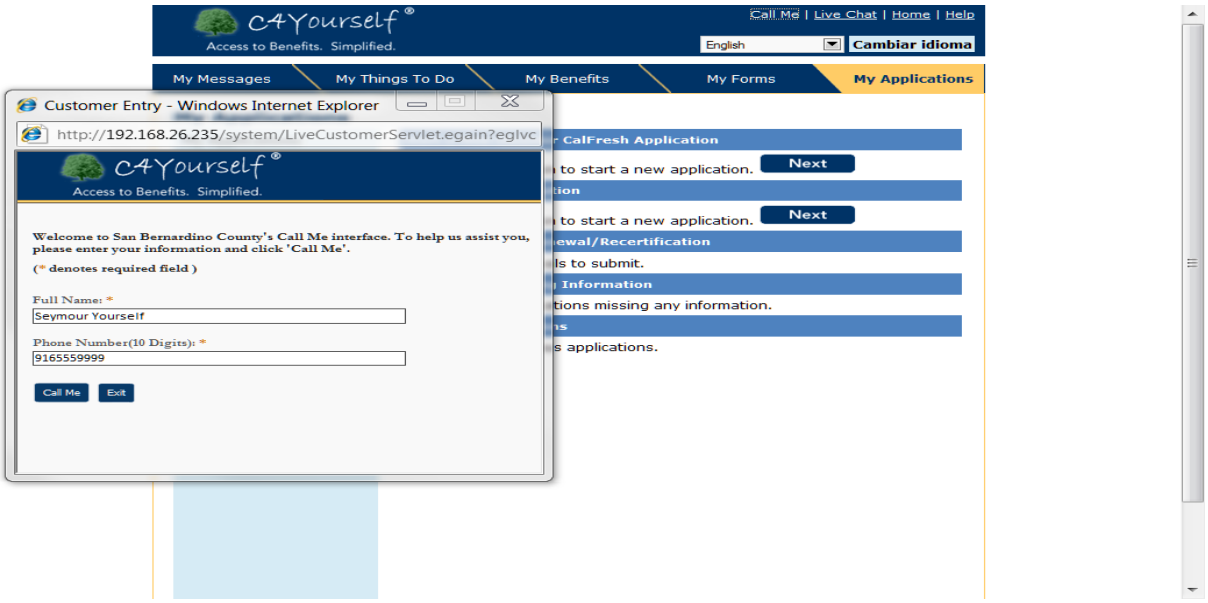
County	Call Me	Live Chat	Hours	Days
San Bernardino	✓	✓	7:30 am – 5:30 pm (PST)	Monday to Friday (except County Holidays)
Kern	✓	✓	8 am – 5 pm	Monday to Friday (except County Holidays)
Stanislaus		✓		
Shasta				
Riverside				

If you can see one or both of the options on the C4Yourself Header, the function is available in your county.

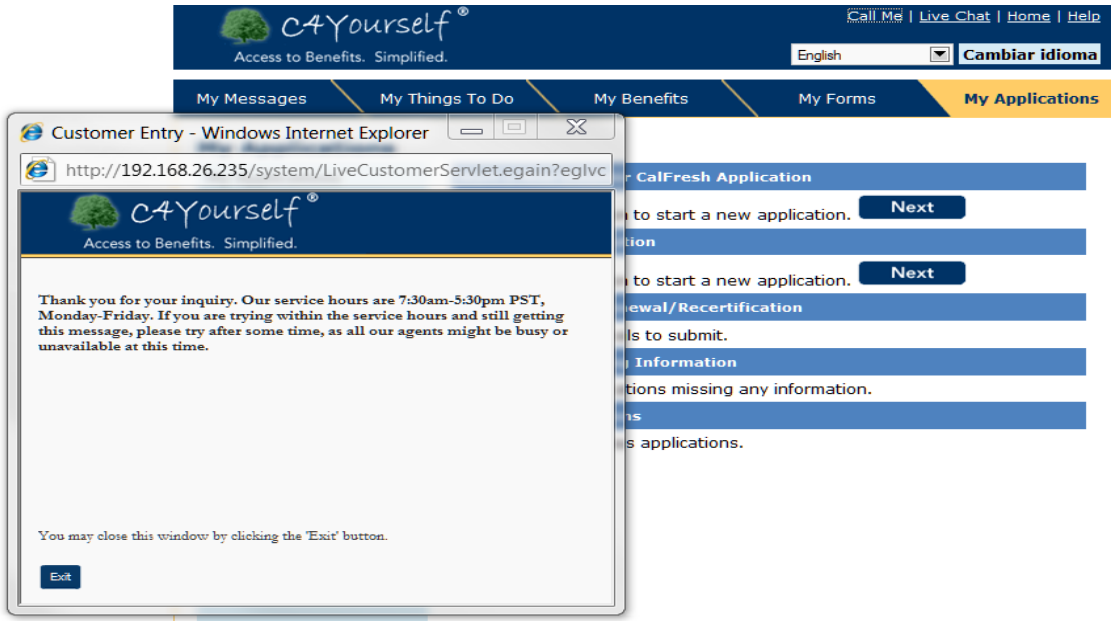
Call Me

To ask a Case Manager to call you back

1. Click the **Call Me** link text
2. Enter your name and full phone number, including area code in the pop-up window.
3. Click the **Call Me** button.



The pop-up will change to:

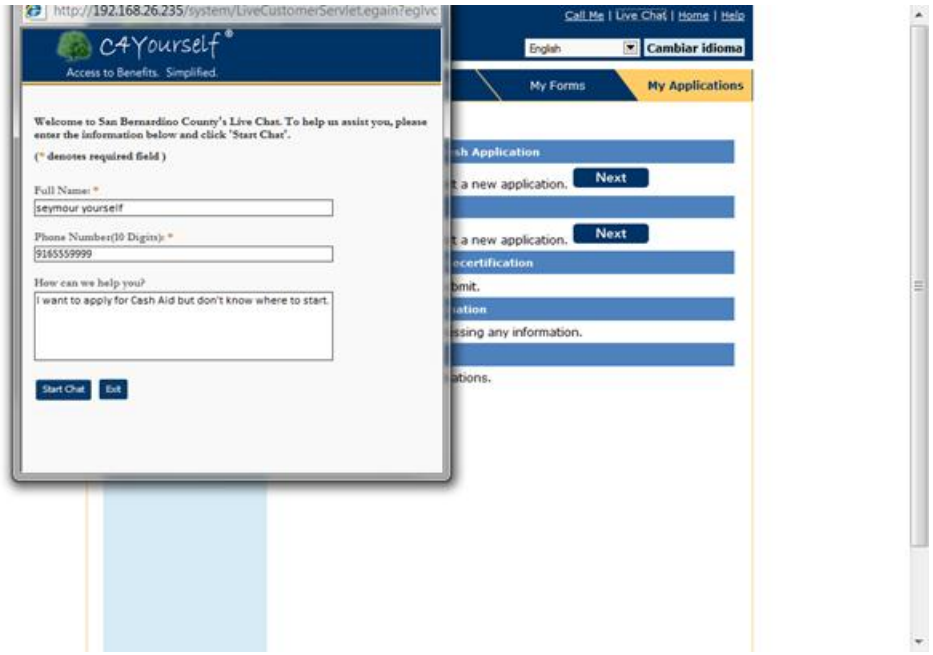

C4Yourself
Access to Benefits. Simplified.
Call Me | Live Chat | Home | Help
English
Cambiar idioma
My Messages
My Things To Do
My Benefits
My Forms
My Applications
Customer Entry - Windows Internet Explorer
http://192.168.26.235/system/LiveCustomerServlet.egain?eglvc
Thank you for your inquiry. Our service hours are 7:30am-5:30pm PST, Monday-Friday. If you are trying within the service hours and still getting this message, please try after some time, as all our agents might be busy or unavailable at this time.
You may close this window by clicking the 'Exit' button.
Exit
CalFresh Application
to start a new application.
Next
to start a new application.
Next
Is to submit.
tions missing any information.
s applications.

Live Chat

During specified hours, C4Yourself offers the option of “Chatting” live with a Case Manager. Currently this option is only available in the following counties:

1. Click the **Live Chat** link text
2. Enter your name and full phone number (numbers only), including area code, and an answer to *How can we help you?* in the pop-up window.

3. Click the **Start Chat** button.

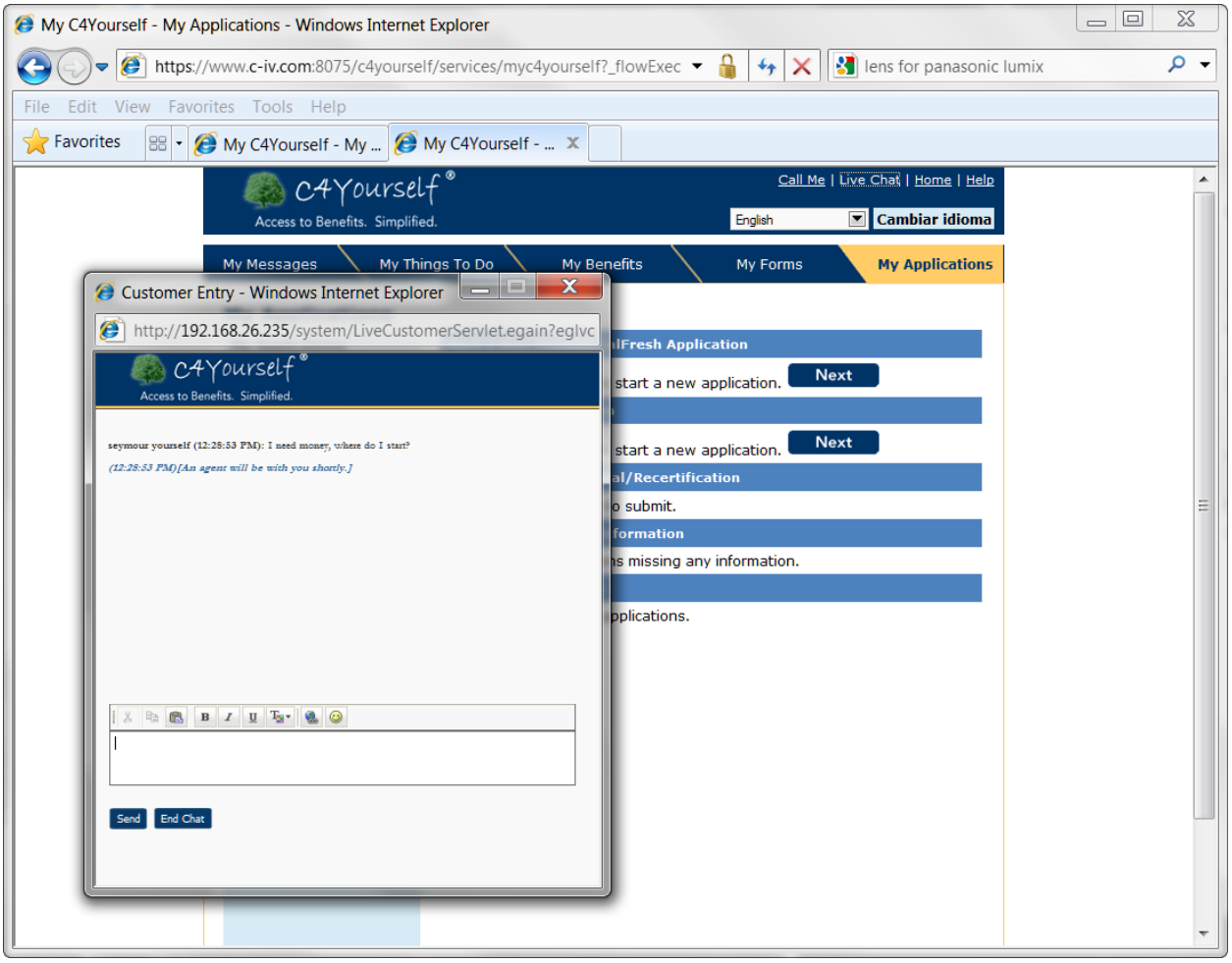

C4Yourself
Access to Benefits. Simplified.
Welcome to San Bernardino County's Live Chat. To help us assist you, please enter the information below and click 'Start Chat'.
(* denotes required field)
Full Name: *
seymour yourself
Phone Number(10 Digits): *
9165559999
How can we help you?
I want to apply for Cash Aid but don't know where to start.
Start Chat
Exit
Call Me | Live Chat | Home | Help
English
Cambiar idioma
My Forms
My Applications
Next
Next

4. A dialog box appears. This box shows:

   - Your message with your name and the time you sent your message
   - A response with either:
     - An agent will be with you shortly, or
     - The name of the Agent (Case Manager) assigned to Chat with you
   - A dialog box in which you and the Agent will type your comments.

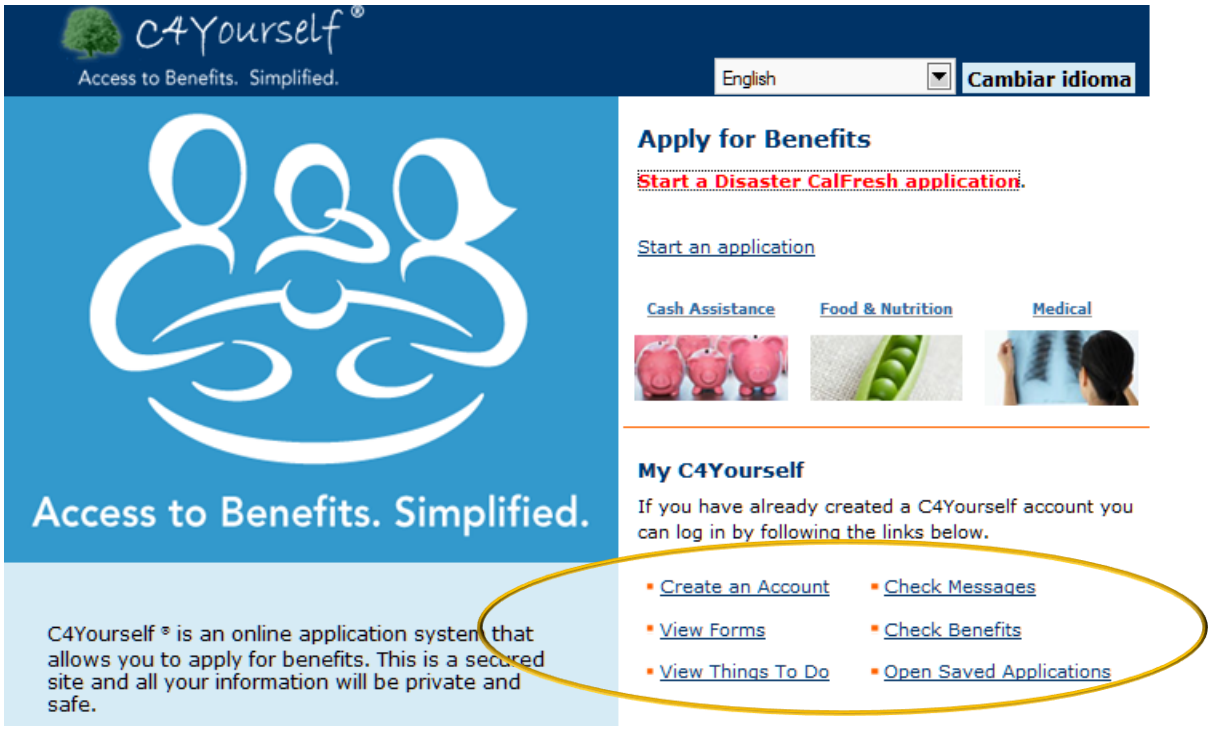
5. Enter your question or comment in the dialog box and click **Send**. Each time you or the Agent types a comment and clicks the **Send** button, the other person will see the Comment with the time stamp listed above the dialog box. If you are familiar with “Texting” or “Instant Messaging”, this is the same thing.

6. Click the **End** button when you are finished and the **Live Chat** pop-up will close.


My C4Yourself - My Applications - Windows Internet Explorer
https://www.c-iv.com:8075/c4yourself/services/myc4yourself?_flowExec
lens for panasonic lumix
File Edit View Favorites Tools Help
Favorites
My C4Yourself - My ...
My C4Yourself - ...
C4Yourself
Access to Benefits. Simplified.
Call Me | Live Chat | Home | Help
English
Cambiar idioma
My Messages
My Things To Do
My Benefits
My Forms
My Applications
Fresh Application
start a new application.
Next
start a new application.
Next
al/Recertification
o submit.
formation
s missing any information.
pplications.
Customer Entry - Windows Internet Explorer
http://192.168.26.235/system/LiveCustomerServlet.egain?eglvc
C4Yourself
Access to Benefits. Simplified.
seymour yourself (12:28:53 PM): I need money, where do I start?
(12:28:53 PM)[An agent will be with you shortly.]
Send
End Chat

My C4Yourself

The page you see next when you log in will depend on the link text that you chose from the **My C4Yourself** section on the **C4Yourself Home** page.

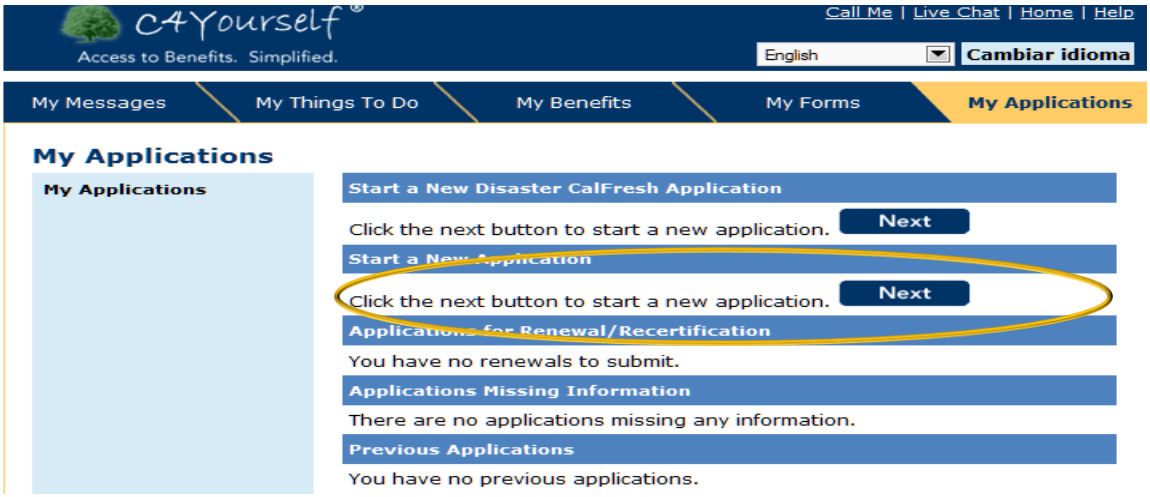

C4Yourself
Access to Benefits. Simplified.
English
Cambiar idioma
Access to Benefits. Simplified.
Apply for Benefits
Start a Disaster CalFresh application.
Start an application
Cash Assistance
Food & Nutrition
Medical
My C4Yourself
If you have already created a C4Yourself account you can log in by following the links below.
Create an Account
Check Messages
View Forms
Check Benefits
View Things To Do
Open Saved Applications
C4Yourself ® is an online application system that allows you to apply for benefits. This is a secured site and all your information will be private and safe.

Create an Account

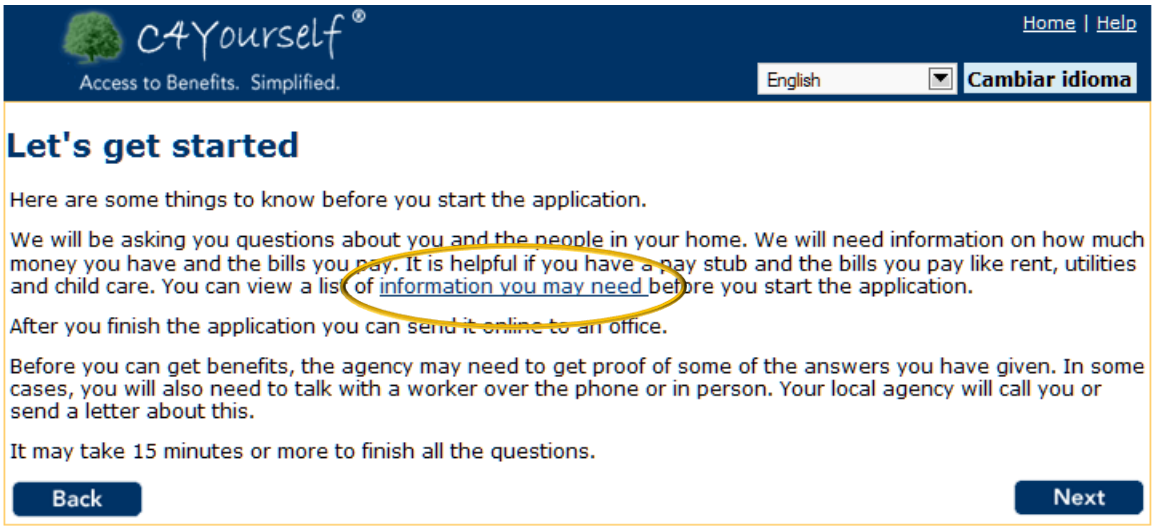
Create an Account is the most common way of starting.

1. Click the **Create an Account** link text. The **My Applications** page appears.

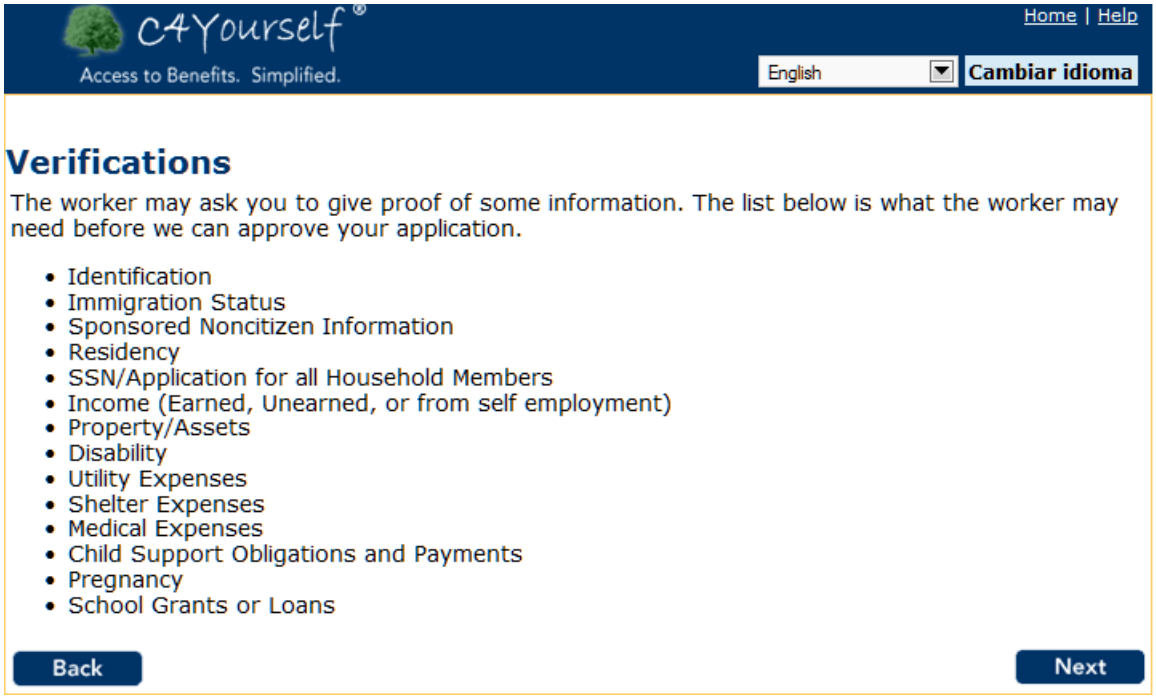
2. Click the Next button under **Start a New Application.**



3. The **Let's Get Started** page appears.

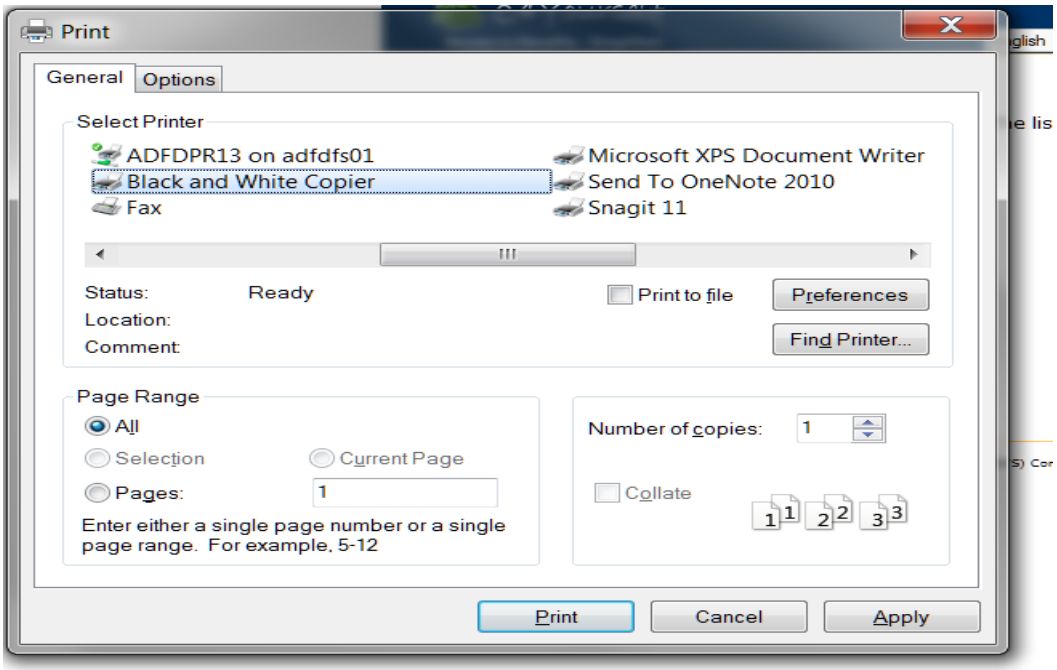

C4Yourself
Access to Benefits. Simplified.
Home | Help
English
Cambiar idioma
Let's get started
Here are some things to know before you start the application.
We will be asking you questions about you and the people in your home. We will need information on how much money you have and the bills you pay. It is helpful if you have a pay stub and the bills you pay like rent, utilities and child care. You can view a list of information you may need before you start the application.
After you finish the application you can send it online to an office.
Before you can get benefits, the agency may need to get proof of some of the answers you have given. In some cases, you will also need to talk with a worker over the phone or in person. Your local agency will call you or send a letter about this.
It may take 15 minutes or more to finish all the questions.
Back
Next

We recommend you gather certain information before you start the application and keep it available. Giving the county proof of some of your information is part of the application process. A list of the most common types of verifications you may need to give can be found by clicking the information you may need link text. The **Verifications** page appears.



It may be helpful to print this list for future use. If the computer you are using is connected to a printer, you can print this page by following these steps.

1. Make sure the computer you are using is connected to a printer with paper.
2. Click the Ctrl key + P, the Print screen appears.



> ***IMPORTANT NOTE***: This print process is part of the computer's settings not part of the C4Yourself on-line e-Application. If there is a problem printing, check the computer's print settings. This process can be used to print any page in the C4Yourself on-line e-Application.

3. Click the **Print** button. The page will print.
4. Click Back on the **Verifications** page. The **Let's get started** page appears.
5. Click Next The **Instructions** page appears. These are the same instructions explained in the ***Tips for Using C4Yourself*** section of this Guide.
6. Click Next The **Programs** page appears.

Starting an C4Yourself e-Application

Because our sample family of two needs cash, food and medical help, they will apply for CalWORKs (CW), CalFresh (CF), and Medical (MC). Therefore, we will answer all the questions that apply to the programs we selected.

Remember this is a sample case used to show some of the common parts of the e-Application. The pages you see will depend on your family's situation and your answers. The more information you can give the better.

Select Programs

The **Programs** page allows you to choose which programs you want to apply for.

1. Click the check box for each program you want to apply for.

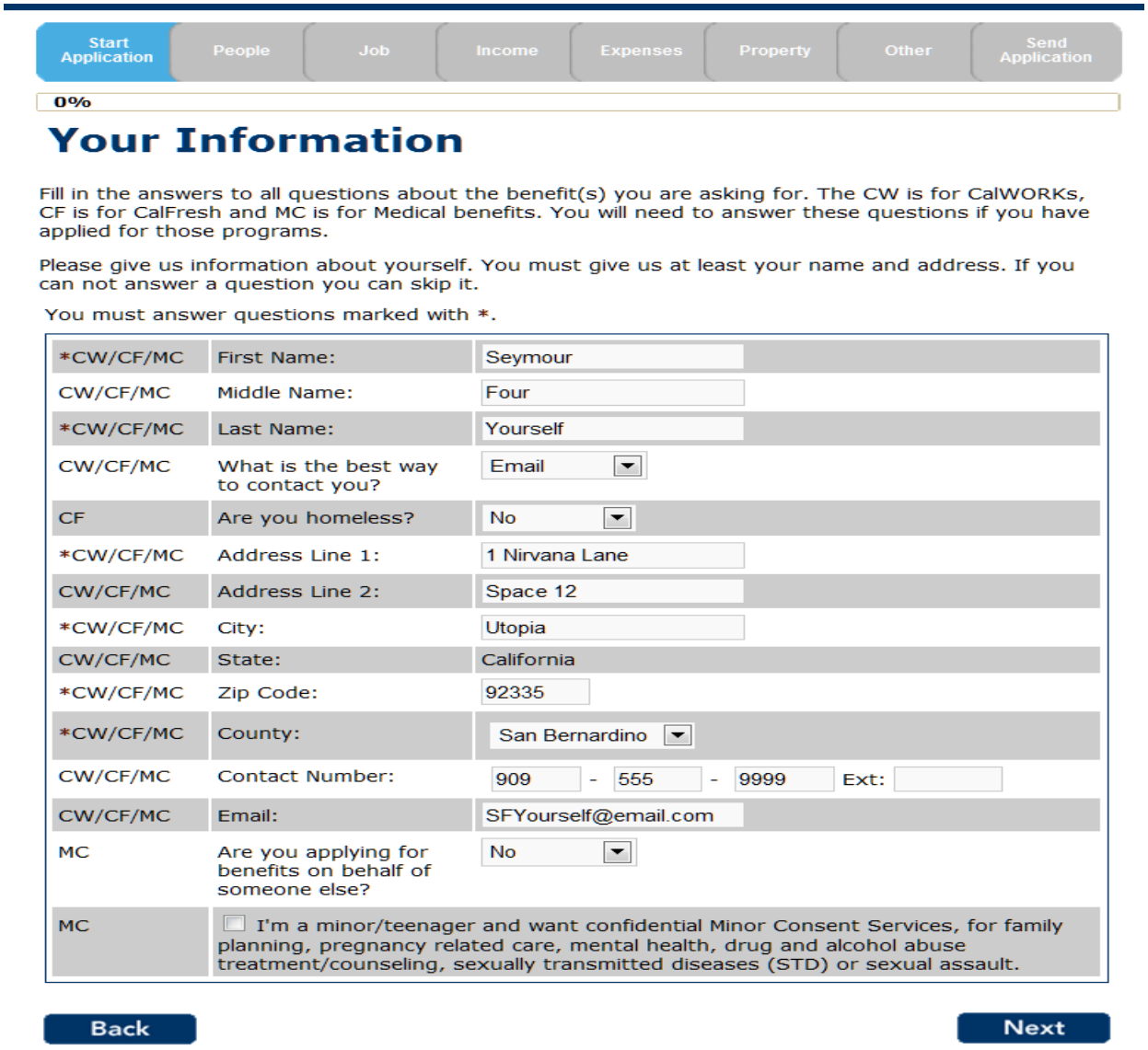
Home | My C4Yourself | Help
C4Yourself
Access to Benefits. Simplified.
Exit
Start Application
People
Job
Income
Expenses
Property
Other
Send Application
0%
Programs
Please select the programs you wish to apply for. You must apply for at least one program. You may apply for as many programs as you wish.
CalFresh
The CalFresh Program provides a monthly benefit for you to buy food. The amount is based on your household's size, income, property and bills. We will look at your application and review it for Expedited Service within three days. Here are some reasons why you may be entitled to Expedited Service: Your household's gross income and liquid resources are less than your rent/mortgage and utility costs; the total monthly gross income of all the people in your household is $150 or less; or you are a migrant or seasonal farm worker with less than $100.
CalWORKs
The CalWORKs program is temporary cash assistance for families with low or no income. It also provides education, employment, and training programs to help families get jobs. Child care, transportation, work expenses and counseling are available for working families. You will be automatically tested for Medi-Cal and do not need to check the Medi-Cal box below.
Medical
Checking this box allows the county to determine eligibility for programs that provide medical assistance to adults and children.
Back
Next

2. Click Next The **Your Information** page appears.

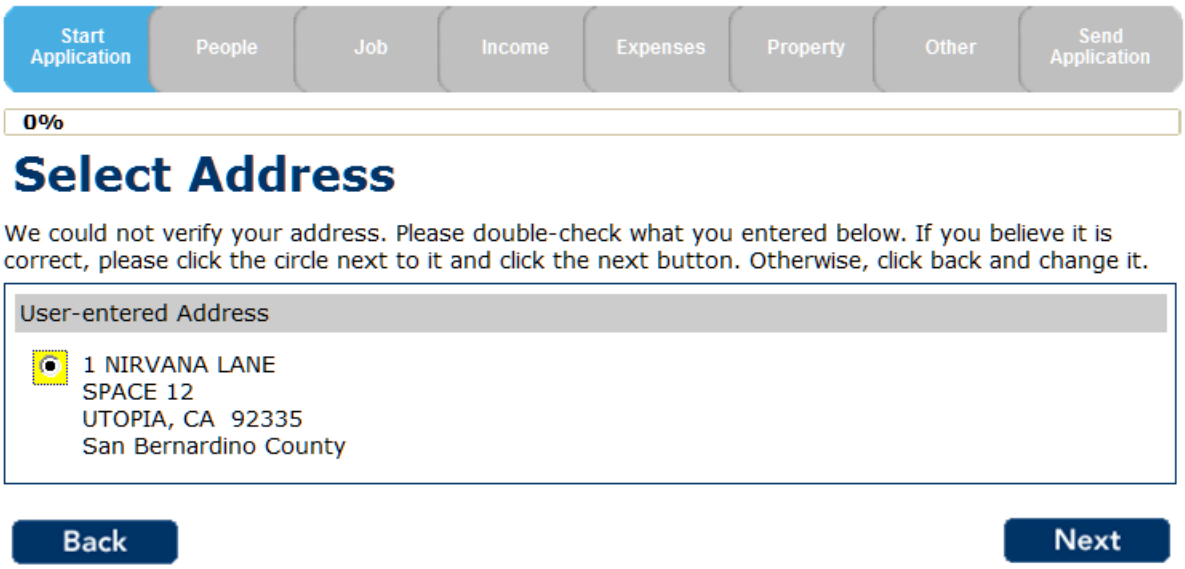
Your Information

The **Your Information** page is where you start to give information about yourself. Questions with a star (*) require answers so that the county can track the e-Application back to you to finish the application process.

1. Read the instructions and enter your information as completely as possible.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
0%
Your Information
Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
Please give us information about yourself. You must give us at least your name and address. If you can not answer a question you can skip it.
You must answer questions marked with *.
*CW/CF/MC First Name: Seymour
CW/CF/MC Middle Name: Four
*CW/CF/MC Last Name: Yourself
CW/CF/MC What is the best way to contact you? Email
CF Are you homeless? No
*CW/CF/MC Address Line 1: 1 Nirvana Lane
CW/CF/MC Address Line 2: Space 12
*CW/CF/MC City: Utopia
CW/CF/MC State: California
*CW/CF/MC Zip Code: 92335
*CW/CF/MC County: San Bernardino
CW/CF/MC Contact Number: 909 - 555 - 9999 Ext:
CW/CF/MC Email: SFYourself@email.com
MC Are you applying for benefits on behalf of someone else? No
MC I'm a minor/teenager and want confidential Minor Consent Services, for family planning, pregnancy related care, mental health, drug and alcohol abuse treatment/counseling, sexually transmitted diseases (STD) or sexual assault.
Back
Next

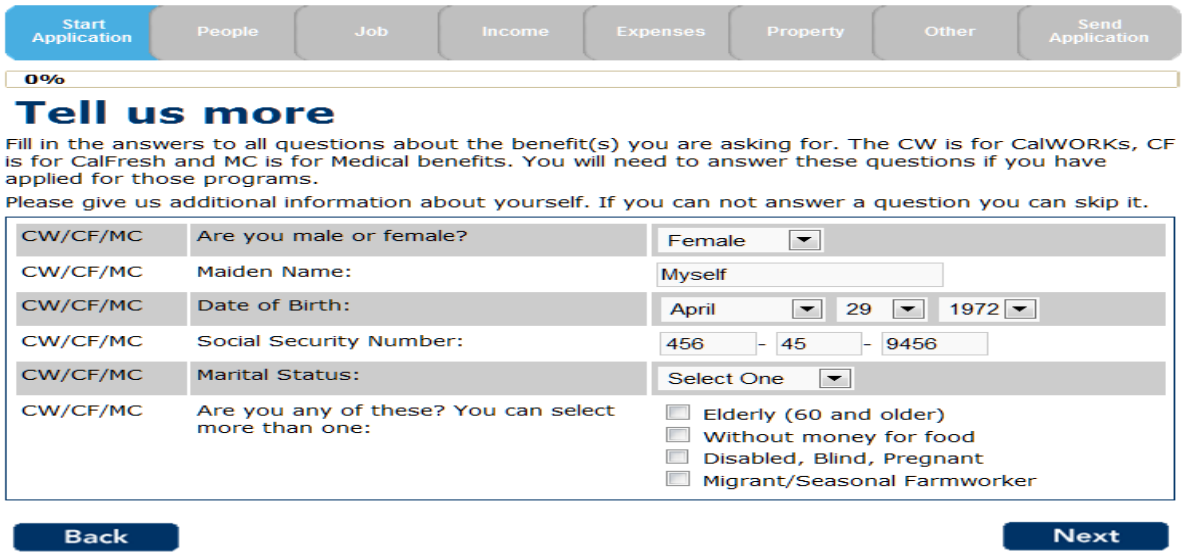
***IMPORTANT NOTE**: See the Terms and Definitions section for an explanation of Minor Consent Services.*



3. Click the button beside the correct address.

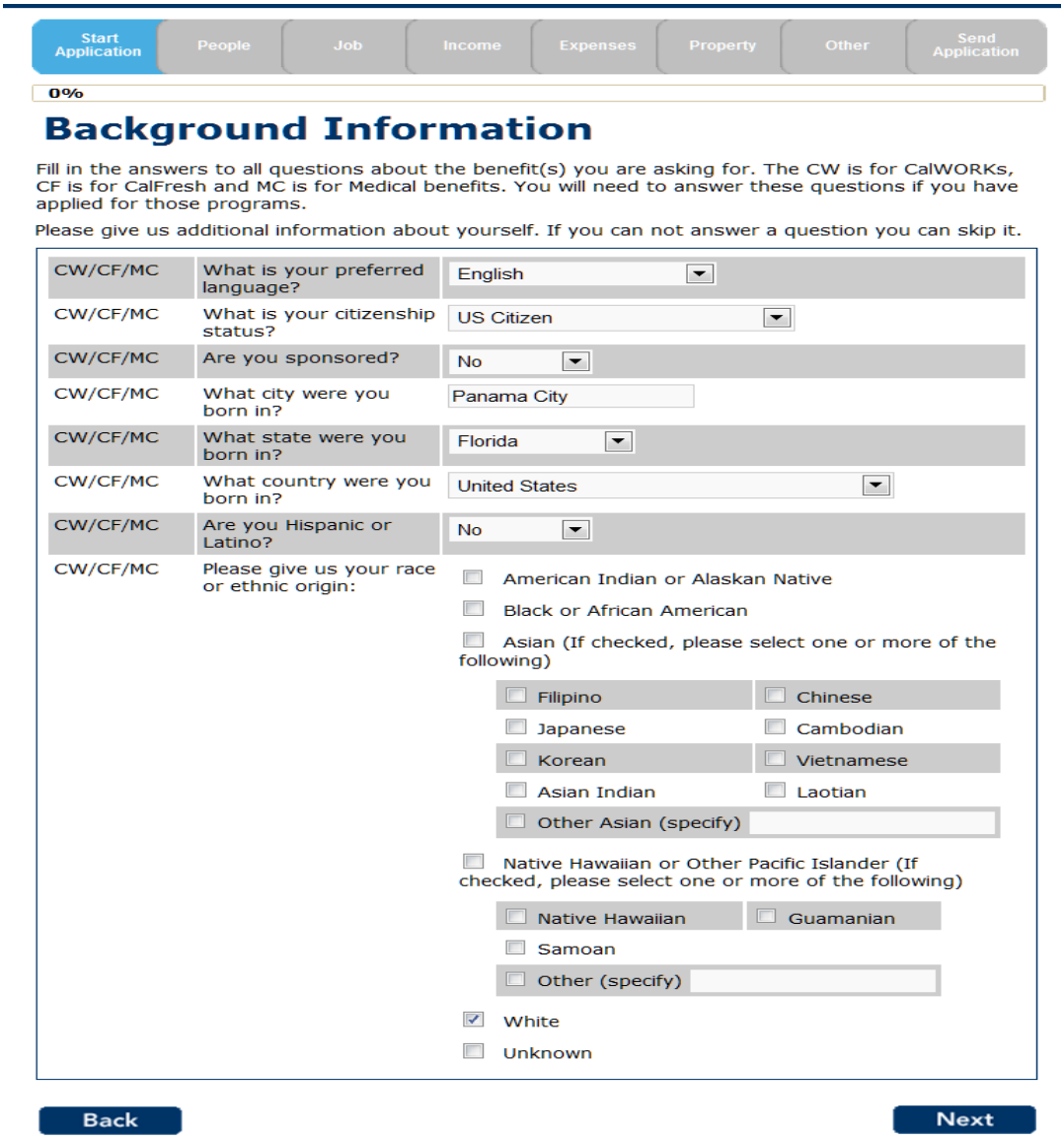
4. Click Next The **Tell us more** page appears.

5. Read the instructions and enter your information as completely as possible.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
0%
Tell us more
Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
Please give us additional information about yourself. If you can not answer a question you can skip it.
CW/CF/MC Are you male or female? Female
CW/CF/MC Maiden Name: Myself
CW/CF/MC Date of Birth: April 29 1972
CW/CF/MC Social Security Number: 456 - 45 - 9456
CW/CF/MC Marital Status: Select One
CW/CF/MC Are you any of these? You can select more than one:
Elderly (60 and older)
Without money for food
Disabled, Blind, Pregnant
Migrant/Seasonal Farmworker
Back
Next

6. Click Next The **Background Information** page appears.

7. Read the instructions and enter your information as completely as possible.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
0%
Background Information
Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
Please give us additional information about yourself. If you can not answer a question you can skip it.
CW/CF/MC What is your preferred language? English
CW/CF/MC What is your citizenship status? US Citizen
CW/CF/MC Are you sponsored? No
CW/CF/MC What city were you born in? Panama City
CW/CF/MC What state were you born in? Florida
CW/CF/MC What country were you born in? United States
CW/CF/MC Are you Hispanic or Latino? No
CW/CF/MC Please give us your race or ethnic origin:
American Indian or Alaskan Native
Black or African American
Asian (If checked, please select one or more of the following)
Filipino
Chinese
Japanese
Cambodian
Korean
Vietnamese
Asian Indian
Laotian
Other Asian (specify)
Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following)
Native Hawaiian
Guamanian
Samoan
Other (specify)
White
Unknown
Back
Next

8. Click **Next**. The next page of **Your Information** appears.

Your Information

The **Your Information** page gathers information about the urgency of your needs. For instance, if you have an age or health related hardship, if you have an eviction notice or are unable to pay your housing costs, or you have no food in the house, you may be able to get some cash or nutrition benefits issued to you before the entire application process is finished.

Immediate Need

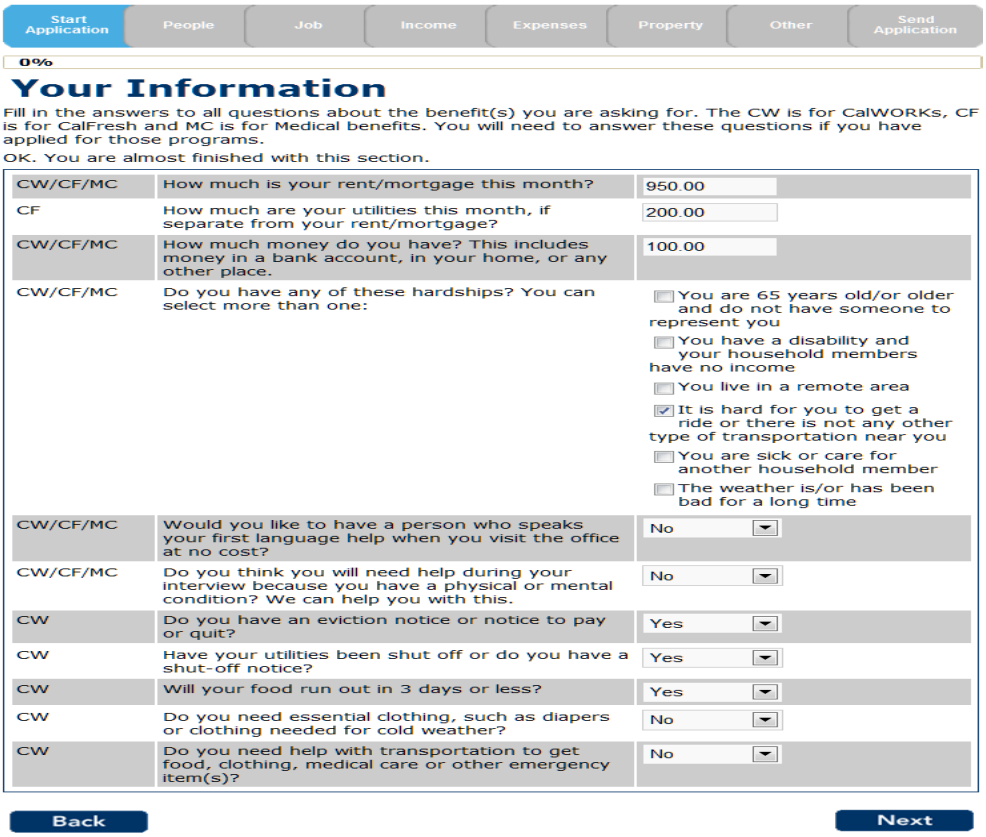
CalWORKs has a process called *Immediate Need* that, if you qualify and it looks like you will be eligible to CalWORKs, would let you to get up to $200 to help you until the application process is finished.

Expedited Services

CalFresh has a similar process called *Expedited Services* that, if you qualify, would let you get CalFresh benefits within 3 days of turning in your application. To be eligible for Expedited Service you must be eligible for CalFresh AND have:

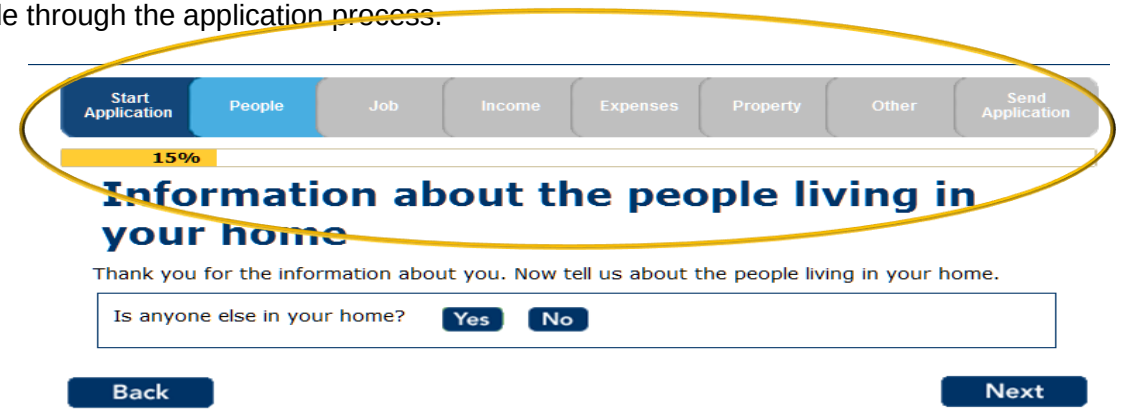
- Rent or mortgage and utility costs that are more than your liquid resources and this month's income (before deductions), OR
- No more than $100 liquid resources and less than $150 income (before deductions) for the month, OR
- No more than $100 liquid resources and at least one member who is a migrant or seasonal farm worker.

1. Read the instructions and enter the information as completely as possible.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
0%
Your Information
Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
OK. You are almost finished with this section.
CW/CF/MC
How much is your rent/mortgage this month?
950.00
CF
How much are your utilities this month, if separate from your rent/mortgage?
200.00
CW/CF/MC
How much money do you have? This includes money in a bank account, in your home, or any other place.
100.00
CW/CF/MC
Do you have any of these hardships? You can select more than one:
You are 65 years old/or older and do not have someone to represent you
You have a disability and your household members have no income
You live in a remote area
It is hard for you to get a ride or there is not any other type of transportation near you
You are sick or care for another household member
The weather is/or has been bad for a long time
CW/CF/MC
Would you like to have a person who speaks your first language help when you visit the office at no cost?
No
CW/CF/MC
Do you think you will need help during your interview because you have a physical or mental condition? We can help you with this.
No
CW
Do you have an eviction notice or notice to pay or quit?
Yes
CW
Have your utilities been shut off or do you have a shut-off notice?
Yes
CW
Will your food run out in 3 days or less?
Yes
CW
Do you need essential clothing, such as diapers or clothing needed for cold weather?
No
CW
Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?
No
Back
Next

2. Click Next **The Information about the people living in your home** page appears.

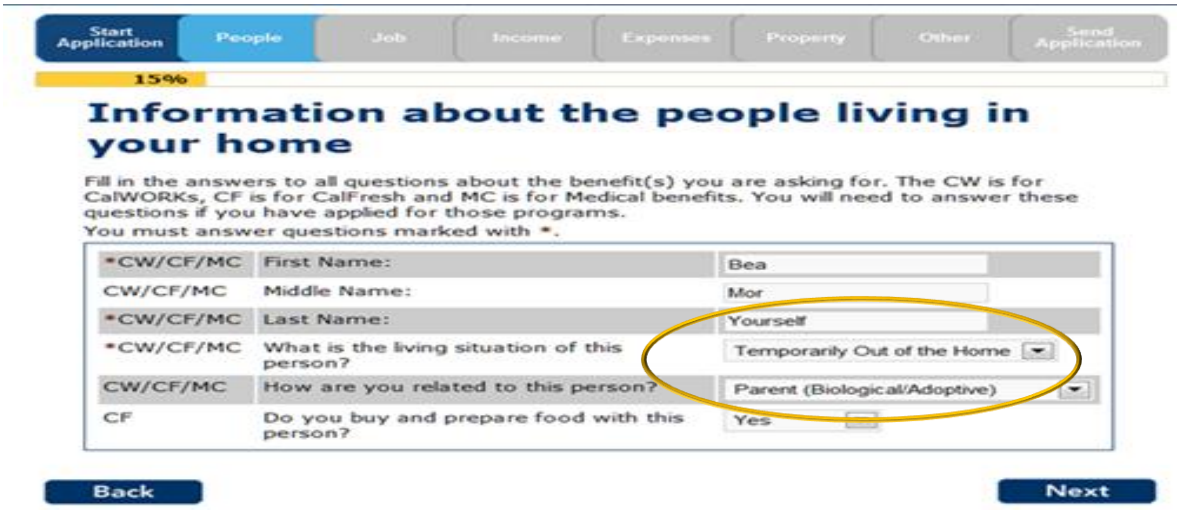
Notice that the **Navigation** and **Progress Bars** have changed to show the progress you've made through the application process.



Click Yes or No depending on your situation. If you click Yes, the **Information about the people living in your home** page appears. If you click No, the **Job Information** page appears.

Since our sample family is a mother and child, we'll follow the Yes path and add information about the child.

3. Read the instructions and enter your information as completely as possible.

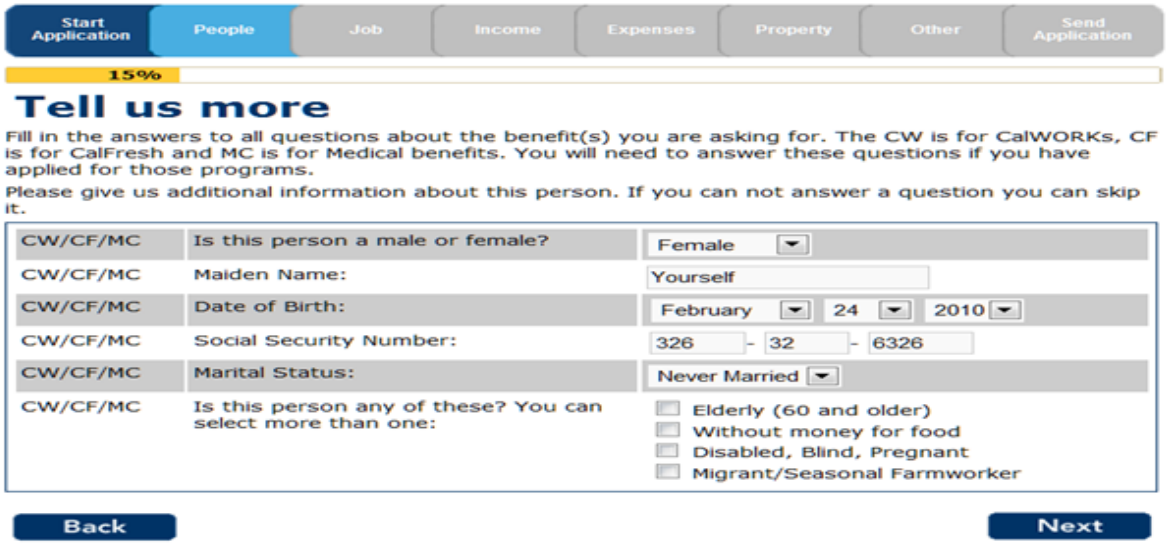

Start Application
People
Job
Income
Expenses
Property
Other
Send Application
15%
Information about the people living in your home
Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
You must answer questions marked with *.
*CW/CF/MC First Name: Bea
CW/CF/MC Middle Name: Mor
*CW/CF/MC Last Name: Yourself
*CW/CF/MC What is the living situation of this person? Temporarily Out of the Home
CW/CF/MC How are you related to this person? Parent (Biological/Adoptive)
CF Do you buy and prepare food with this person? Yes
Back
Next

Notice we said Bea is Temporarily Out of the Home. We chose this because in our sample family, Bea is visiting her dad for a few weeks. This lets the county know that Bea lives with her

mom but is not in the home right now because she is visiting with her dad who is absent from the home.

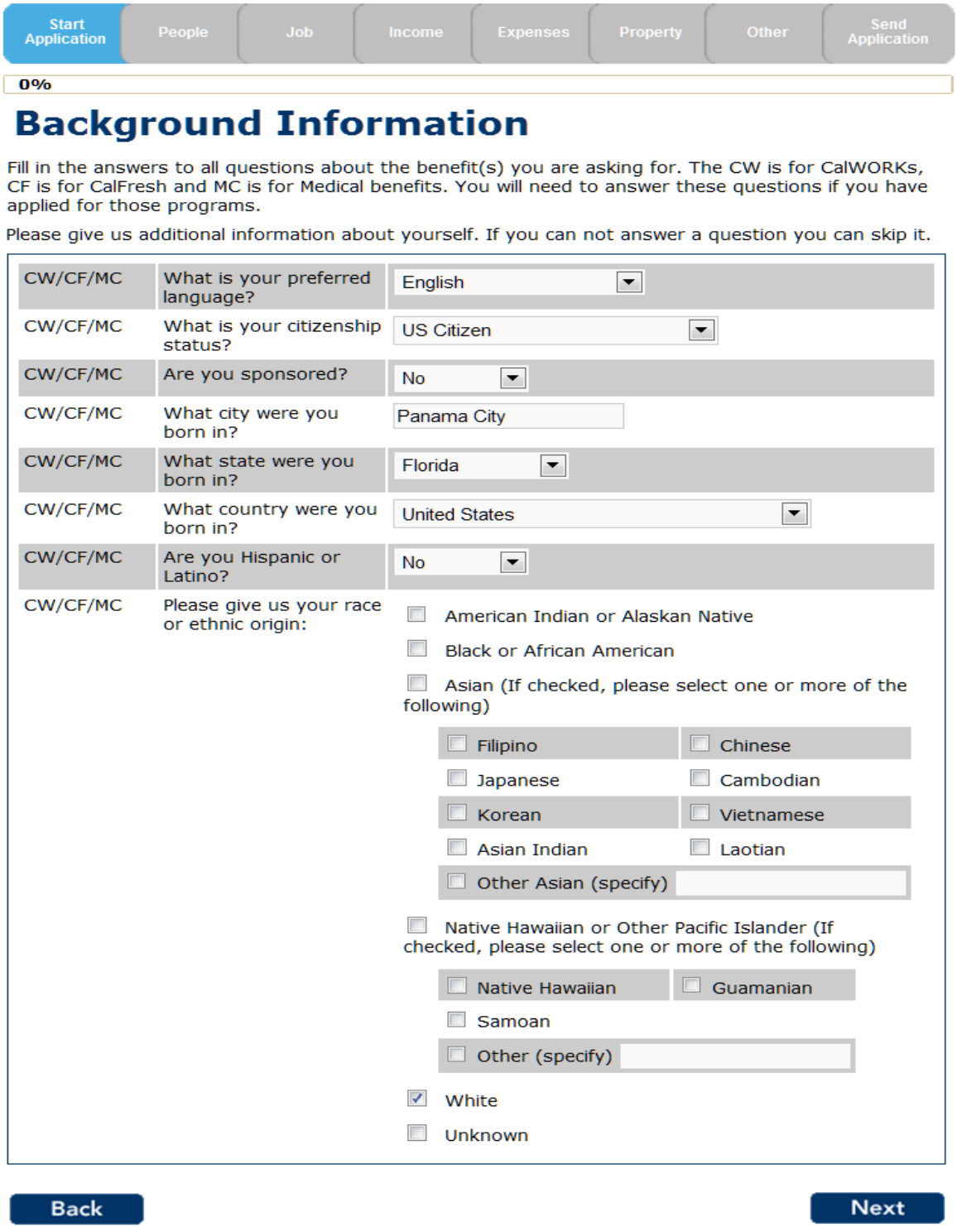
4. Click Next. The next page of **Tell us more** page appears.

5. Read the instructions and enter your information as completely as possible.



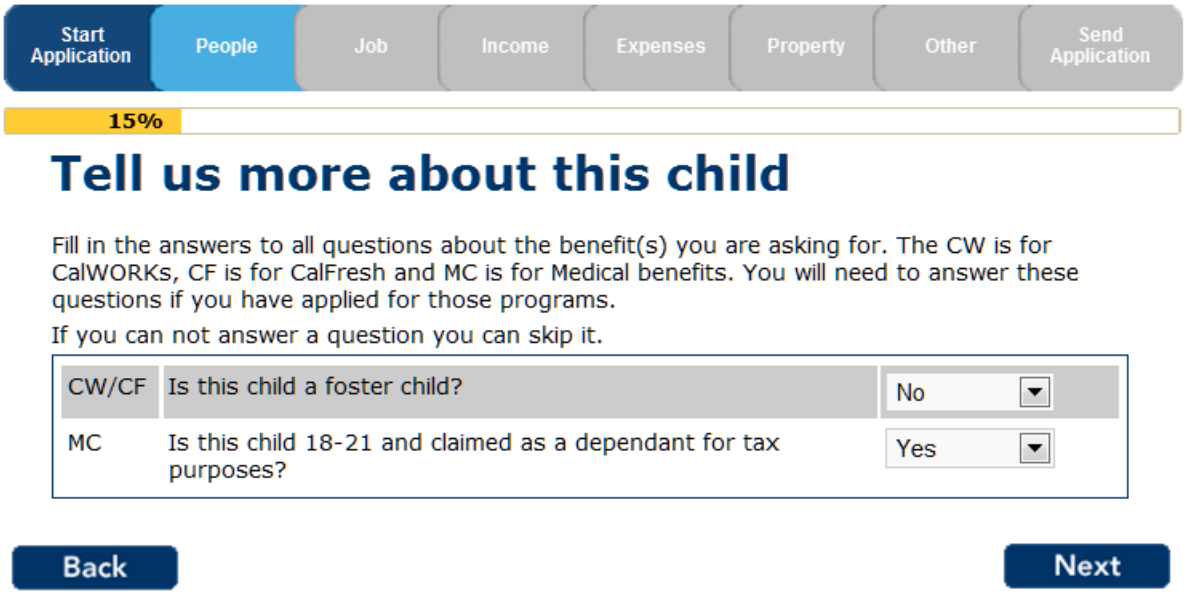
6. Click Next. The **Background Information** page appears.

7. Read the instructions and enter your information as completely as possible.

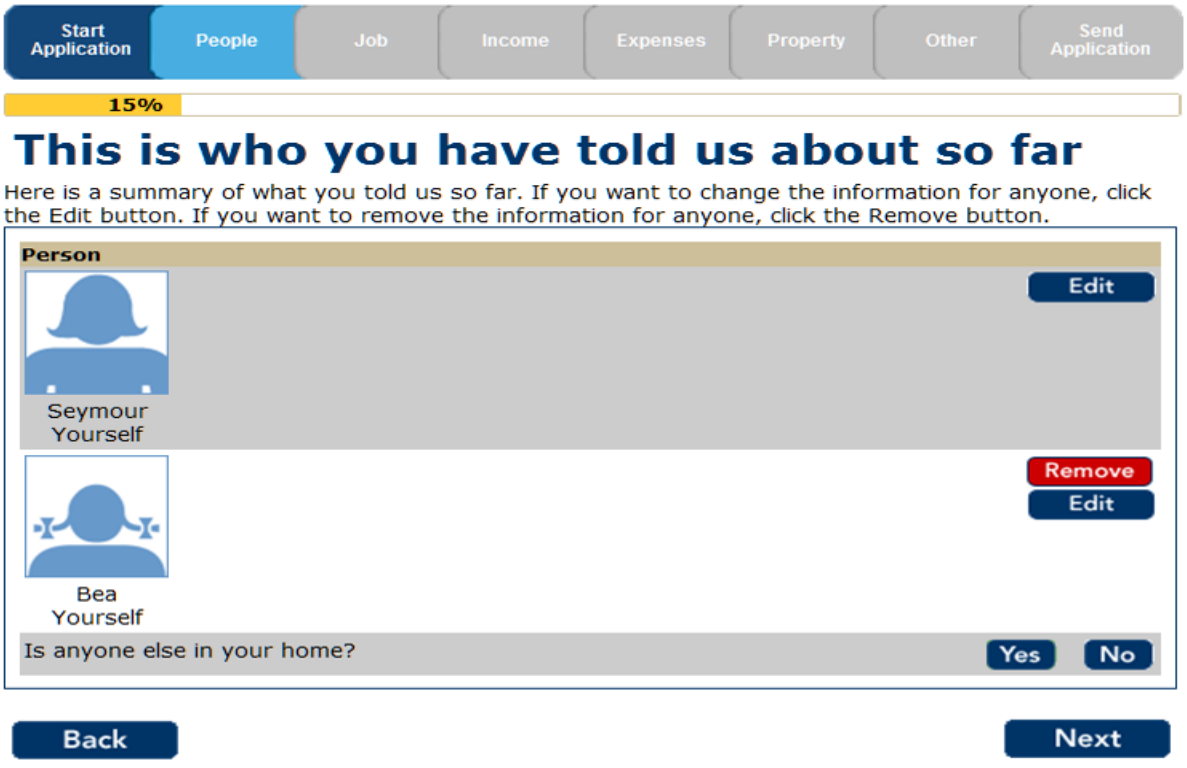


8. Click Next. The **Tell us more about the child** page appears.

9. Read the instructions and enter your information as completely as possible.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
15%
Tell us more about this child
Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
If you can not answer a question you can skip it.
CW/CF
Is this child a foster child?
No
MC
Is this child 18-21 and claimed as a dependant for tax purposes?
Yes
Back
Next

10. Click Next The **This is who you have told us about so far** page appears.



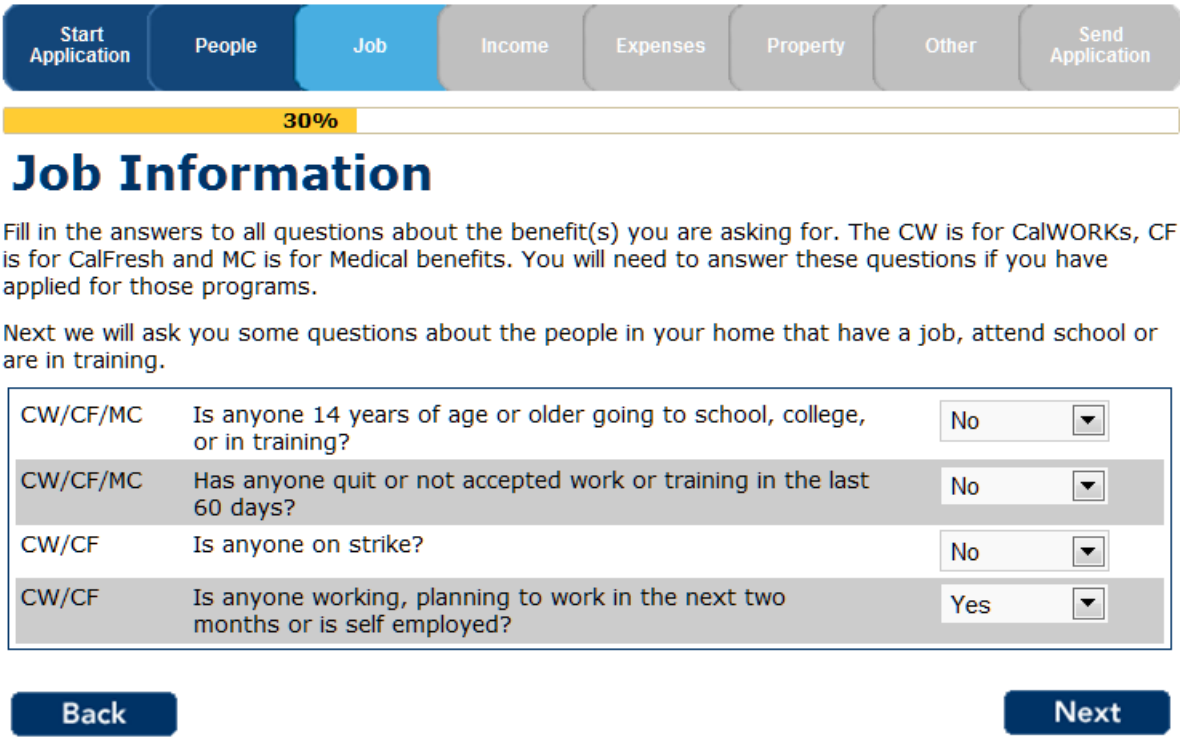
11. Click No or Next, if the information is complete. The **Job Information** page appears.

12. If you have more people in your home, click Yes, and repeat this process for each person.

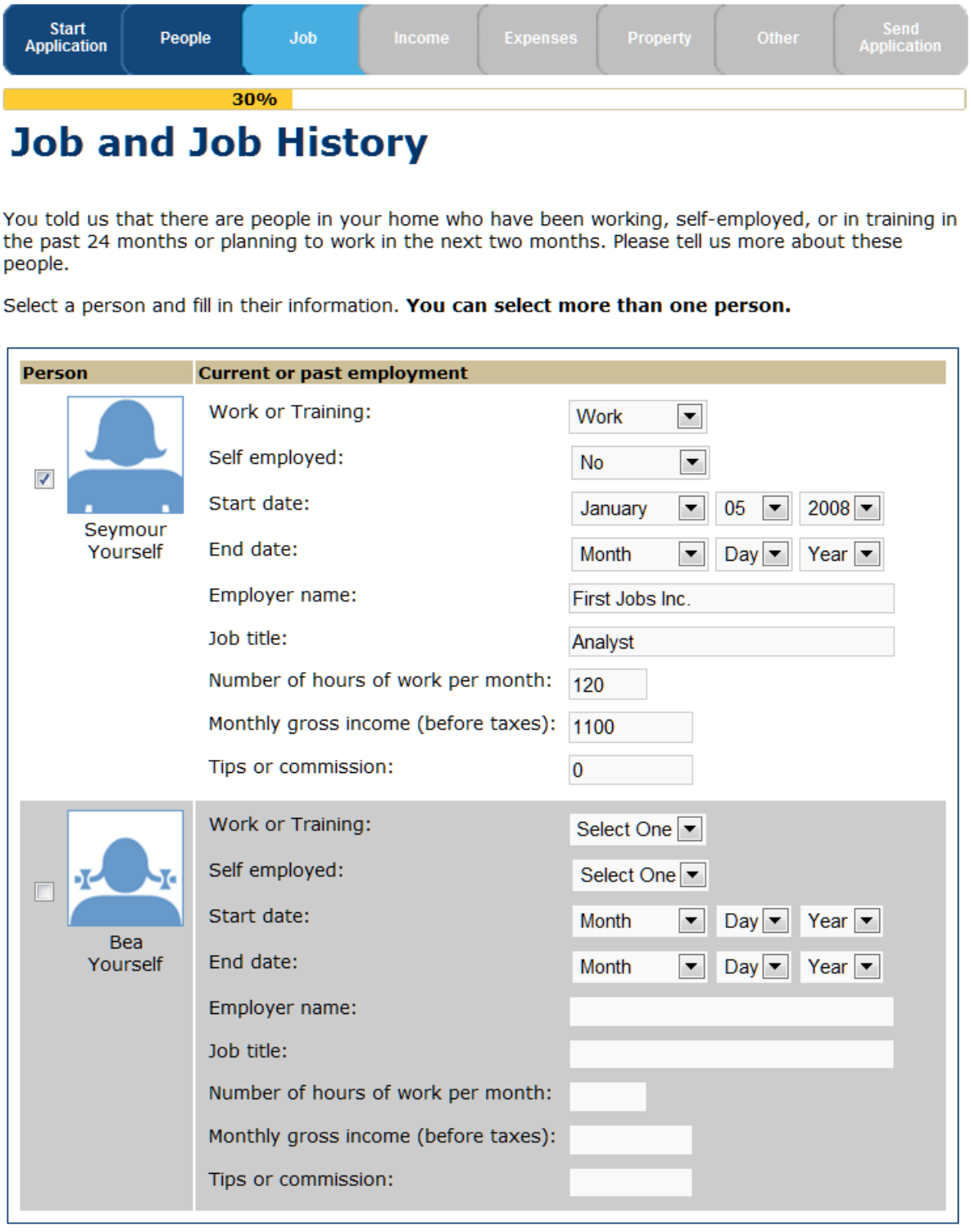
Summary pages let you check the information you just gave. You can edit, and/or remove incorrect information. Clicking Edit, takes you back to the **Information about the people living in your home** page with the information you entered so you can change it. Clicking Remove takes you back to a blank **Information about the people living in your home** page, so you can start over with this page.

Job Information

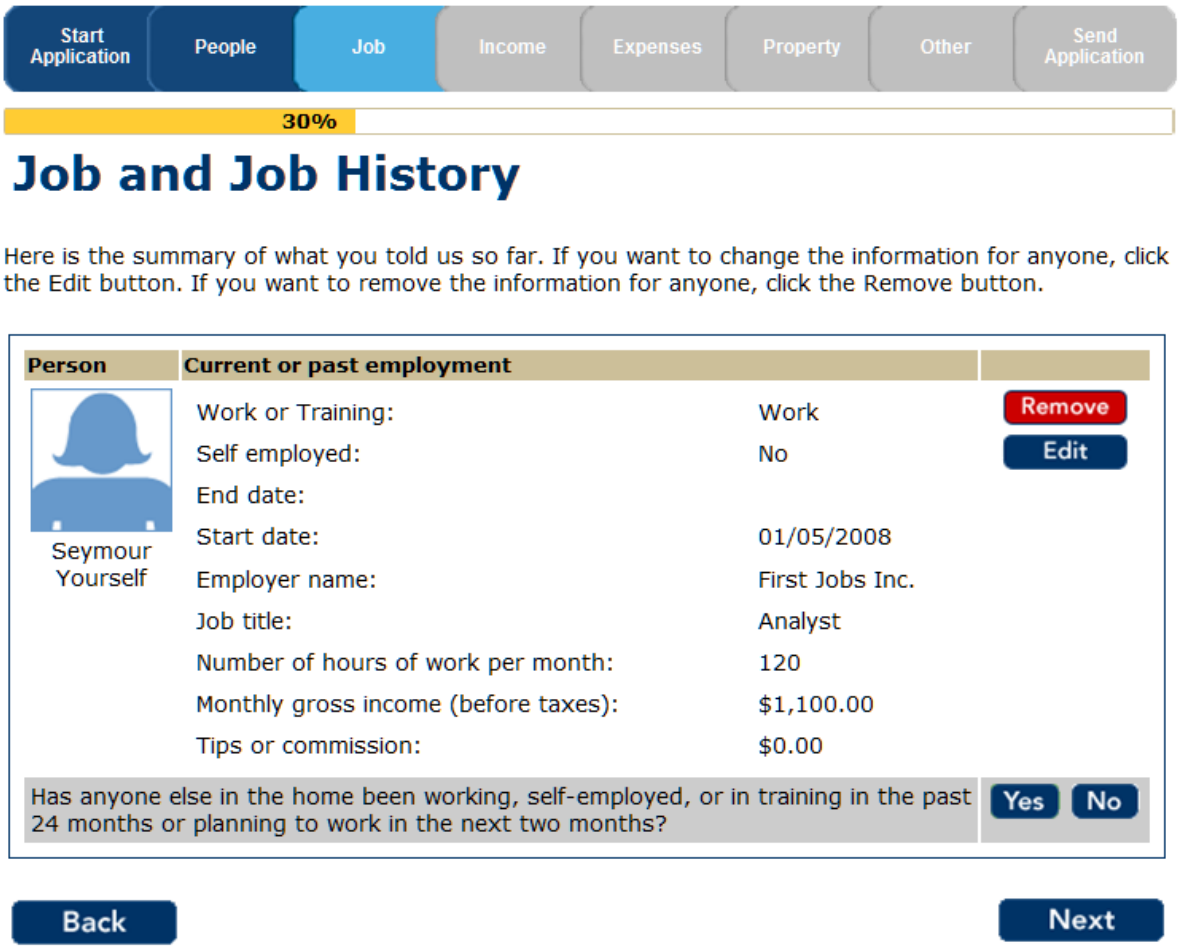
The Job Information pages gather information about the work history of the people in your home. Your answers to the questions on the **Job Information** page set-up the pages you will be asked to complete next. Our answers are based on our made-up family.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
30%
Job Information
Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
Next we will ask you some questions about the people in your home that have a job, attend school or are in training.
CW/CF/MC
Is anyone 14 years of age or older going to school, college, or in training?
No
CW/CF/MC
Has anyone quit or not accepted work or training in the last 60 days?
No
CW/CF
Is anyone on strike?
No
CW/CF
Is anyone working, planning to work in the next two months or is self employed?
Yes
Back
Next

1. Read the instructions and enter your information as completely as possible.
2. Click Next The **Job and Job History** page appears.
3. Read the instructions and enter your information as completely as possible.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
30%
Job and Job History
You told us that there are people in your home who have been working, self-employed, or in training in the past 24 months or planning to work in the next two months. Please tell us more about these people.
Select a person and fill in their information. You can select more than one person.
Person
Current or past employment
Seymour Yourself
Work or Training: Work
Self employed: No
Start date: January 05 2008
End date: Month Day Year
Employer name: First Jobs Inc.
Job title: Analyst
Number of hours of work per month: 120
Monthly gross income (before taxes): 1100
Tips or commission: 0
Bea Yourself
Work or Training: Select One
Self employed: Select One
Start date: Month Day Year
End date: Month Day Year
Employer name:
Job title:
Number of hours of work per month:
Monthly gross income (before taxes):
Tips or commission:

4. Click Next The next page is a summary of the job history information you've entered.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
30%
Job and Job History
Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.
Person
Current or past employment
Seymour Yourself
Work or Training: Work
Self employed: No
End date:
Start date: 01/05/2008
Employer name: First Jobs Inc.
Job title: Analyst
Number of hours of work per month: 120
Monthly gross income (before taxes): $1,100.00
Tips or commission: $0.00
Remove
Edit
Has anyone else in the home been working, self-employed, or in training in the past 24 months or planning to work in the next two months?
Yes
No
Back
Next

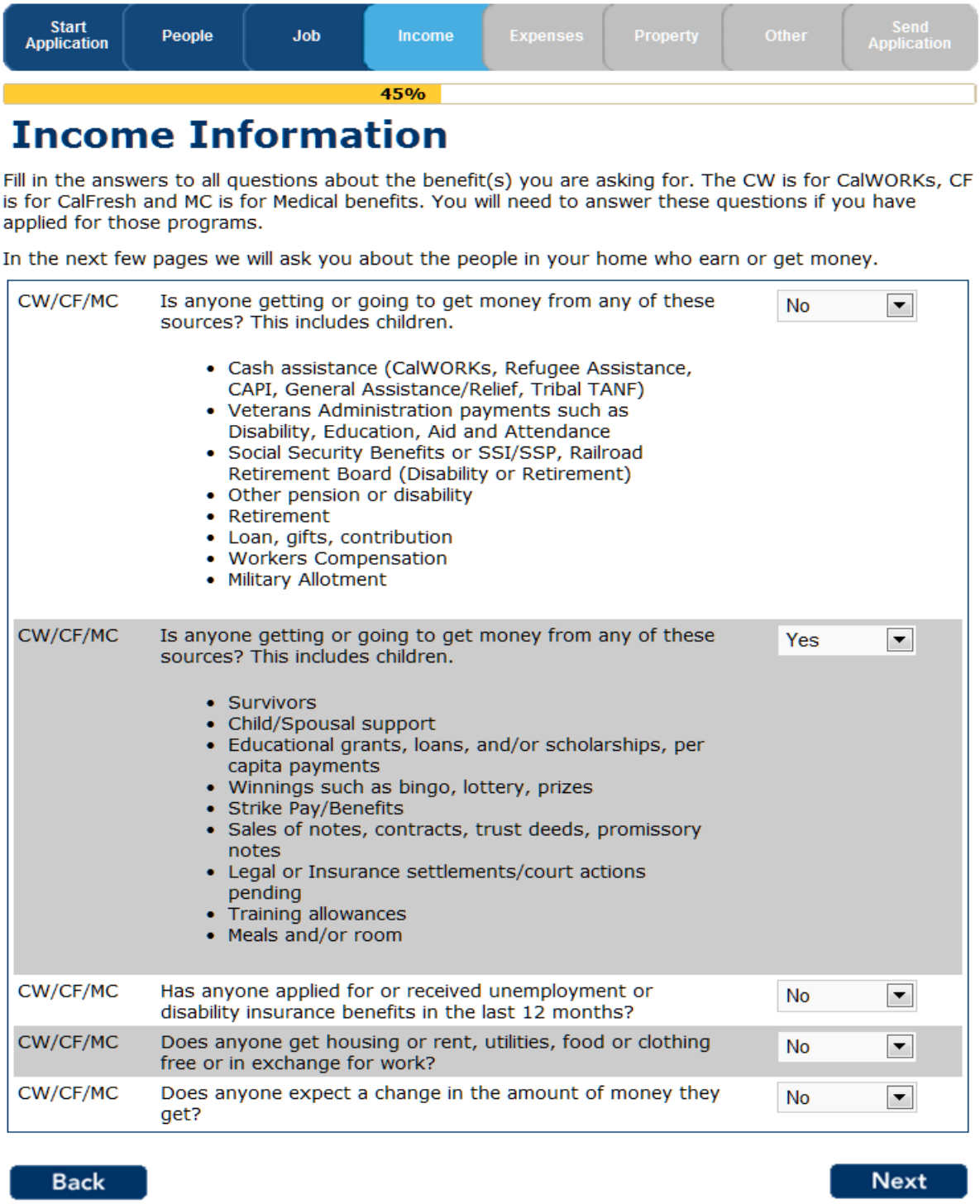
5. Review the information. As with other summary pages, you can edit or remove incorrect information. Clicking Edit, takes you back to the **Job and Job History** page with the information you entered so you can change it. Clicking Remove takes you back to an empty **Job and Job History** page so you can start over with this page.

6. If you have more job information to add, click Yes, and repeat the process for each job for each person in your household.

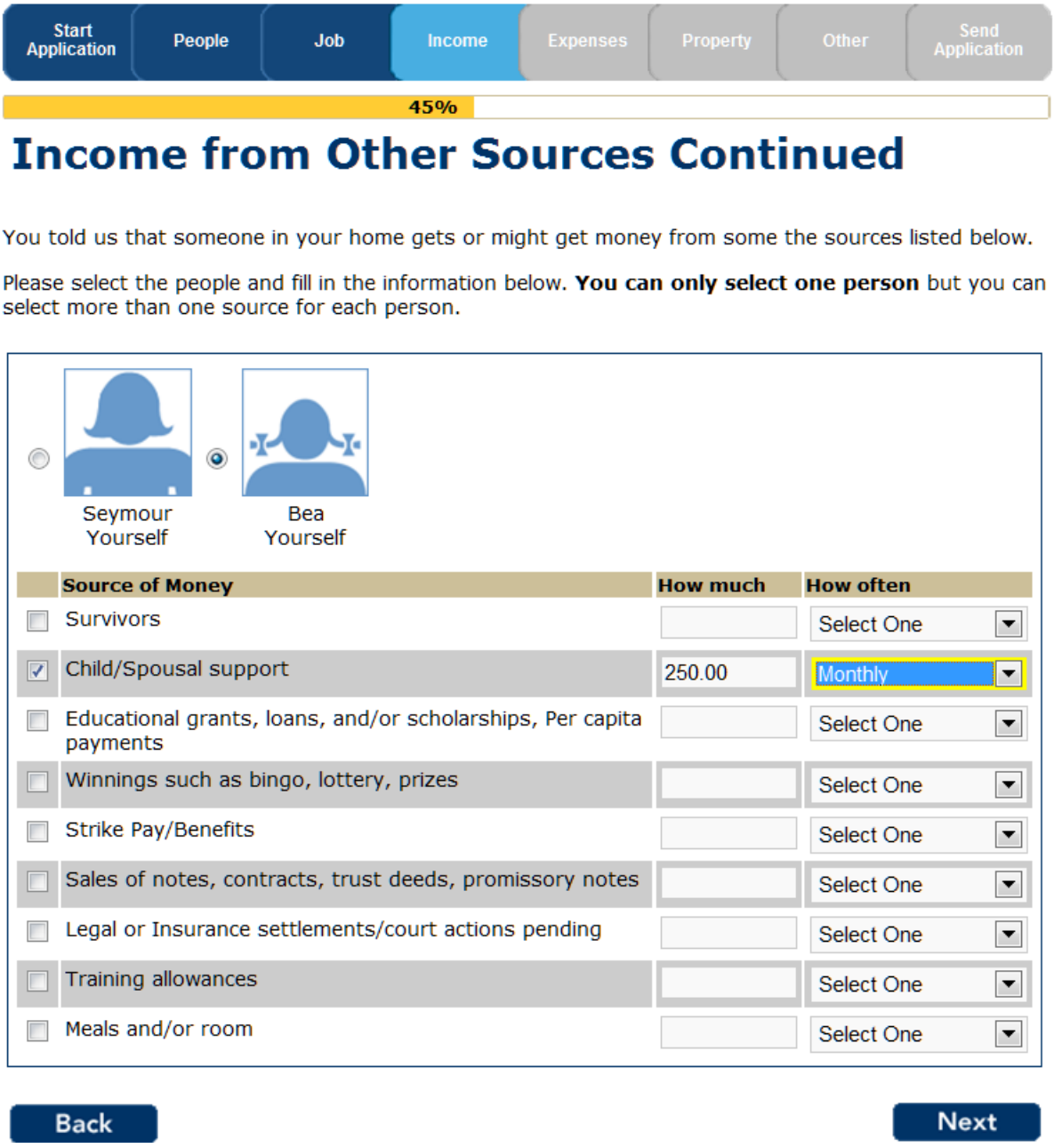
7. Click No or Next, if the information is complete. The **Income Information** page appears.

Income Information

The Income Information pages gather information about the kinds of income the people in your home get. Your answers to the questions on the **Income Information** page set-up, which pages you will see next.

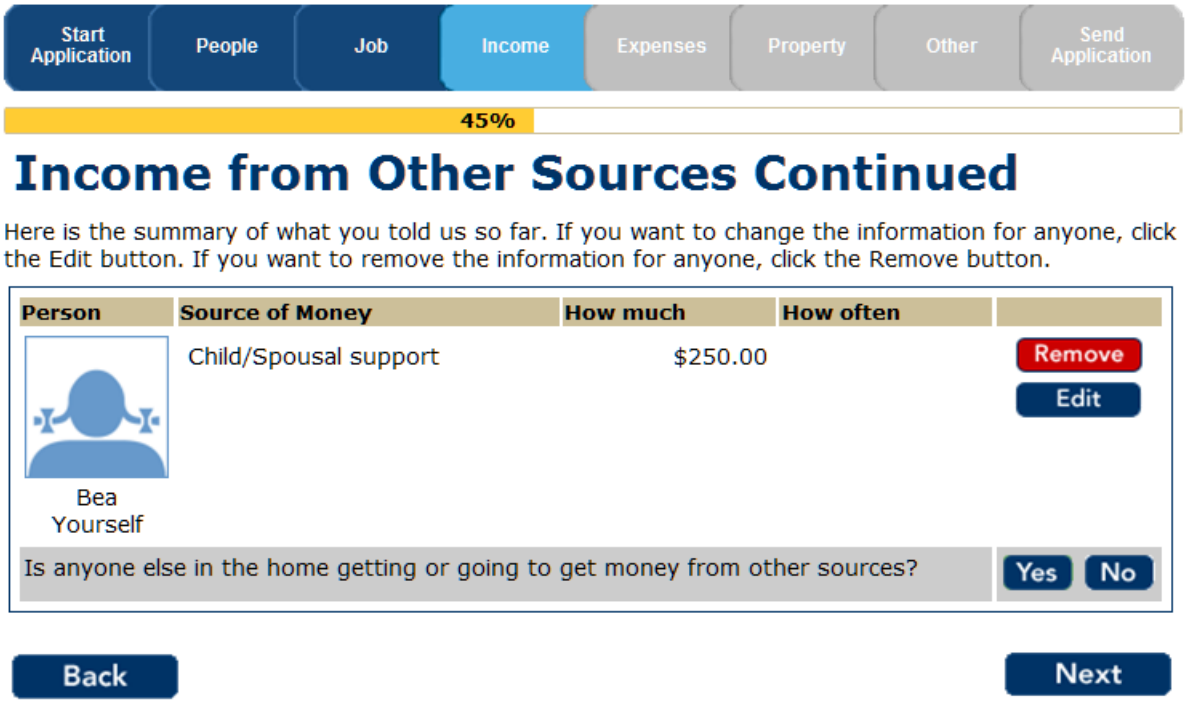

Start Application
People
Job
Income
Expenses
Property
Other
Send Application
45%
Income Information
Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
In the next few pages we will ask you about the people in your home who earn or get money.
CW/CF/MC
Is anyone getting or going to get money from any of these sources? This includes children.
No
Cash assistance (CalWORKs, Refugee Assistance, CAPI, General Assistance/Relief, Tribal TANF)
Veterans Administration payments such as Disability, Education, Aid and Attendance
Social Security Benefits or SSI/SSP, Railroad Retirement Board (Disability or Retirement)
Other pension or disability
Retirement
Loan, gifts, contribution
Workers Compensation
Military Allotment
CW/CF/MC
Is anyone getting or going to get money from any of these sources? This includes children.
Yes
Survivors
Child/Spousal support
Educational grants, loans, and/or scholarships, per capita payments
Winnings such as bingo, lottery, prizes
Strike Pay/Benefits
Sales of notes, contracts, trust deeds, promissory notes
Legal or Insurance settlements/court actions pending
Training allowances
Meals and/or room
CW/CF/MC
Has anyone applied for or received unemployment or disability insurance benefits in the last 12 months?
No
CW/CF/MC
Does anyone get housing or rent, utilities, food or clothing free or in exchange for work?
No
CW/CF/MC
Does anyone expect a change in the amount of money they get?
No
Back
Next

1. Read the instructions and enter your information as completely as possible.



2. Select the person who gets the income, the type of income, enter the amount, and select how often you expect to get it.

3. Click Next The next page shows a summary of the other income information you've entered.



4. Review the information. As with other summary pages, you can edit or remove incorrect information. Clicking Edit takes you back to the **Income from Other Sources** page with the information you entered so you can change it. Clicking Remove takes you back to an empty **Income from Other Sources** page so you can start over with this page.

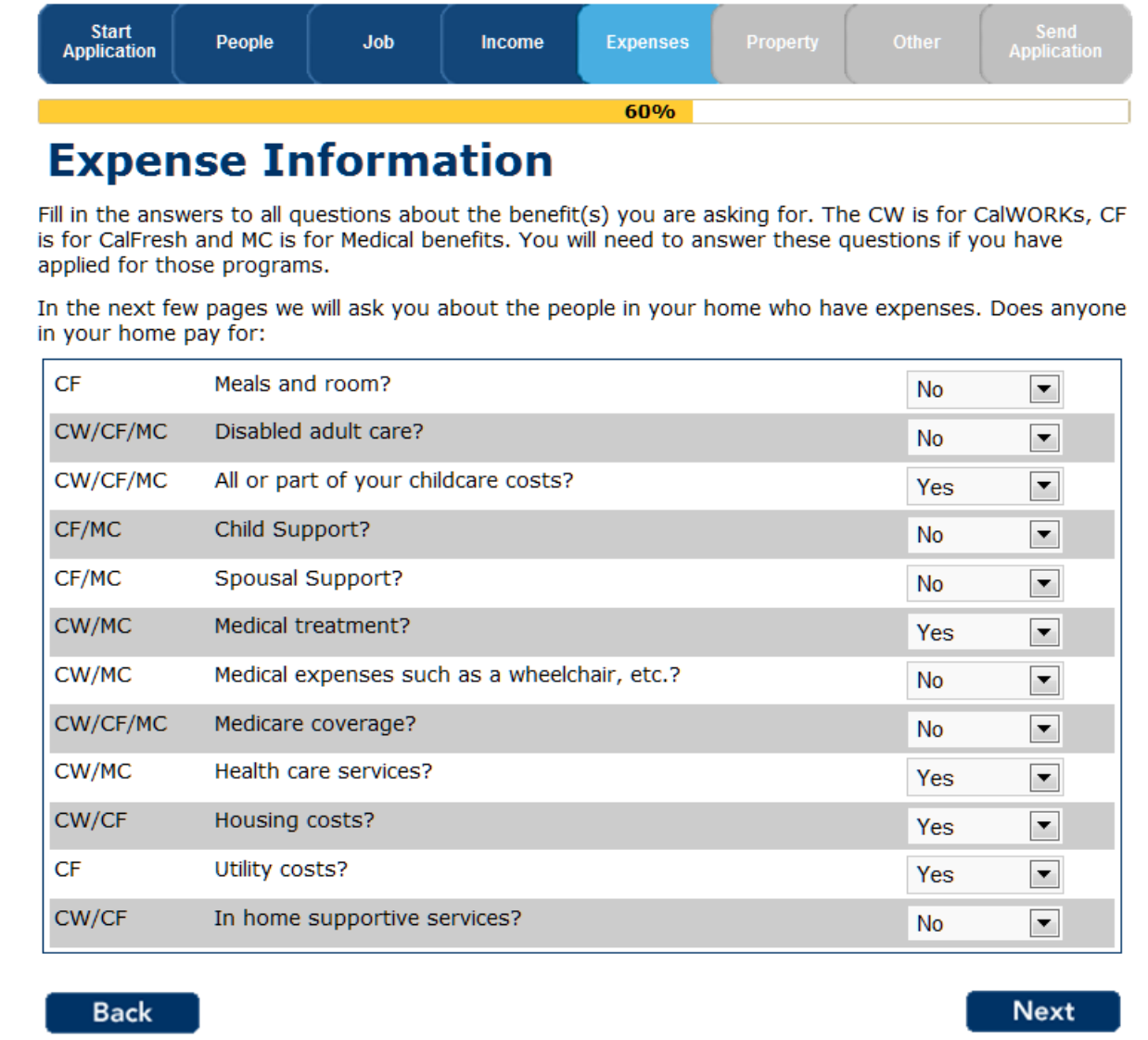
5. If you have more job information to add, click Yes, and repeat the process for each type of income for each person in your household.

6. Click No or Next, if the information is complete. The **Expense Information** page appears.

Expense Information

The **Expense Information** page has several questions about your expenses such as, Child or Adult care, housing and utilities, medical, etc. Your answers to the questions on the **Expense Information** page set-up, which pages you, will need to complete next.

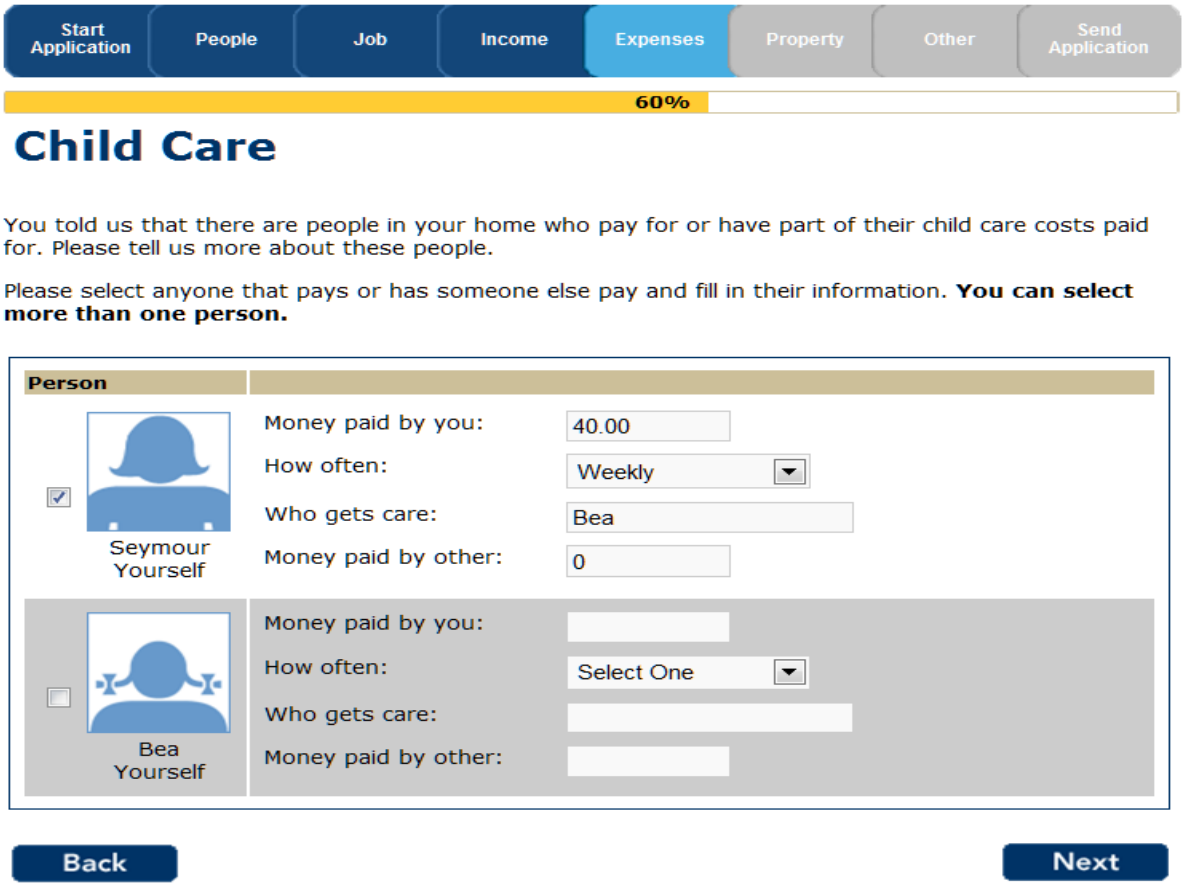
1. Read the instructions and enter your information as completely as possible.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
60%
Expense Information
Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
In the next few pages we will ask you about the people in your home who have expenses. Does anyone in your home pay for:
CF Meals and room? No
CW/CF/MC Disabled adult care? No
CW/CF/MC All or part of your childcare costs? Yes
CF/MC Child Support? No
CF/MC Spousal Support? No
CW/MC Medical treatment? Yes
CW/MC Medical expenses such as a wheelchair, etc.? No
CW/CF/MC Medicare coverage? No
CW/MC Health care services? Yes
CW/CF Housing costs? Yes
CF Utility costs? Yes
CW/CF In home supportive services? No
Back
Next

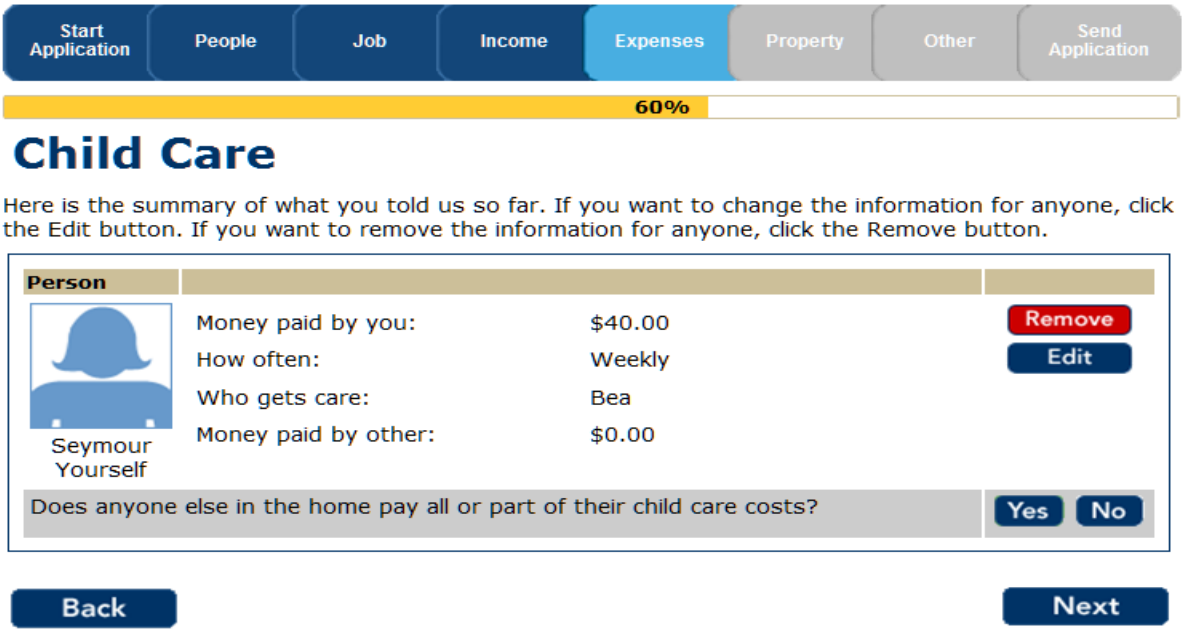
2. Click Next. The **Child Care** page appears.

Child Care Expenses

1. Read the instructions and enter your information as completely as possible.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
60%
Child Care
You told us that there are people in your home who pay for or have part of their child care costs paid for. Please tell us more about these people.
Please select anyone that pays or has someone else pay and fill in their information. You can select more than one person.
Person
Money paid by you: 40.00
How often: Weekly
Who gets care: Bea
Money paid by other: 0
Seymour Yourself
Money paid by you:
How often: Select One
Who gets care:
Money paid by other:
Bea Yourself
Back
Next

2. Click Next to see a summary of the Child Care information you've entered.



3. Review the information. As with other summary pages, you can edit or remove incorrect information. Clicking Edit takes you back to the **Child Care** page with the information you entered so you can change it. Clicking Remove takes you back to an empty **Child Care** page so you can start over with this page.

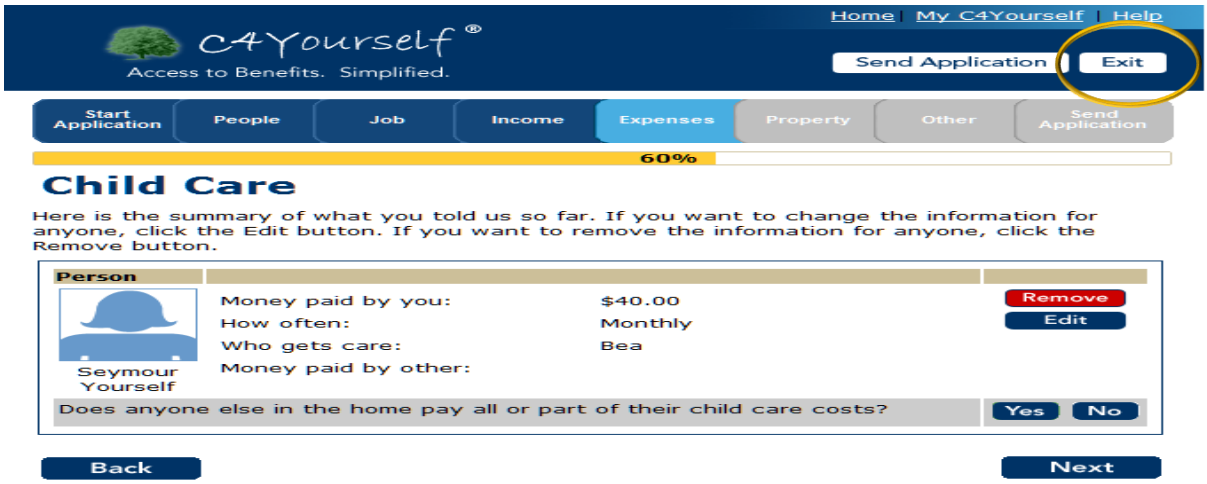
4. If you have more child care information to add, click Yes, and repeat the process for each person in your household.

5. Click No or Next, if the information is complete. The **Medical Treatment** page appears.

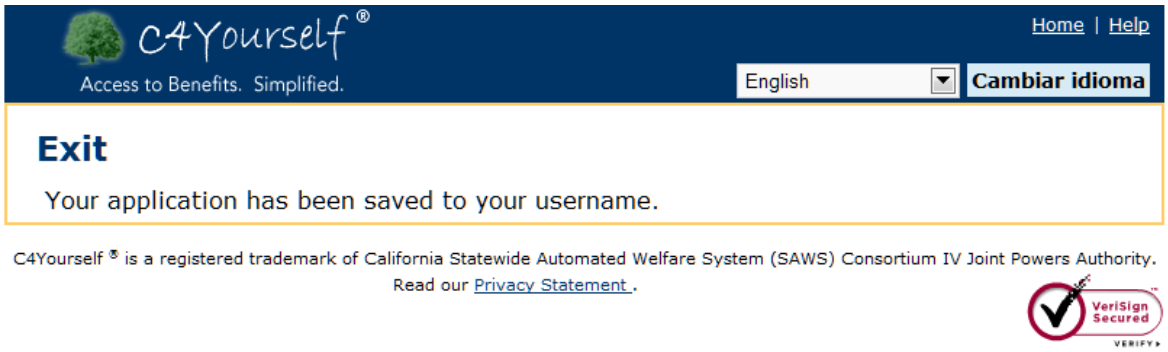
Saving an Incomplete Application

If you are unable to complete the application process in one sitting, you can save the information you've entered and come back later to finish.

1. Click Exit



The **Exit** page appears.


C4Yourself ®
Access to Benefits. Simplified.
Home | Help
English
Cambiar idioma
Exit
Your application has been saved to your username.
C4Yourself ® is a registered trademark of California Statewide Automated Welfare System (SAWS) Consortium IV Joint Powers Authority.
Read our Privacy Statement .
VeriSign Secured
VERIFY

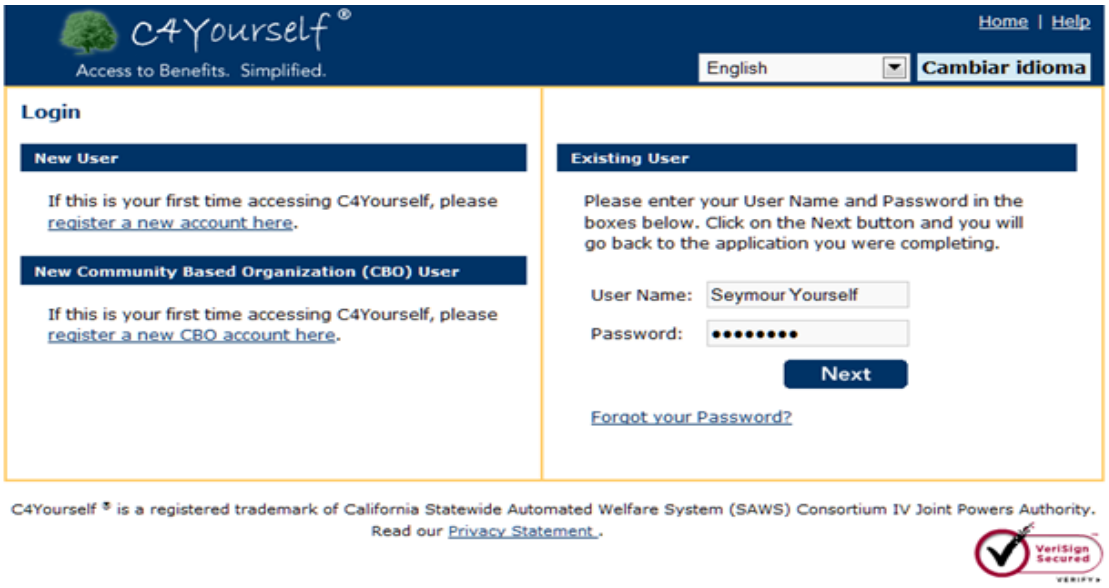
Open Saved Applications

Once you have save an e-Application, you can return to finish anytime you want.

1. On the **C4Yourself Home** page, click the Open Saved Applications link text.

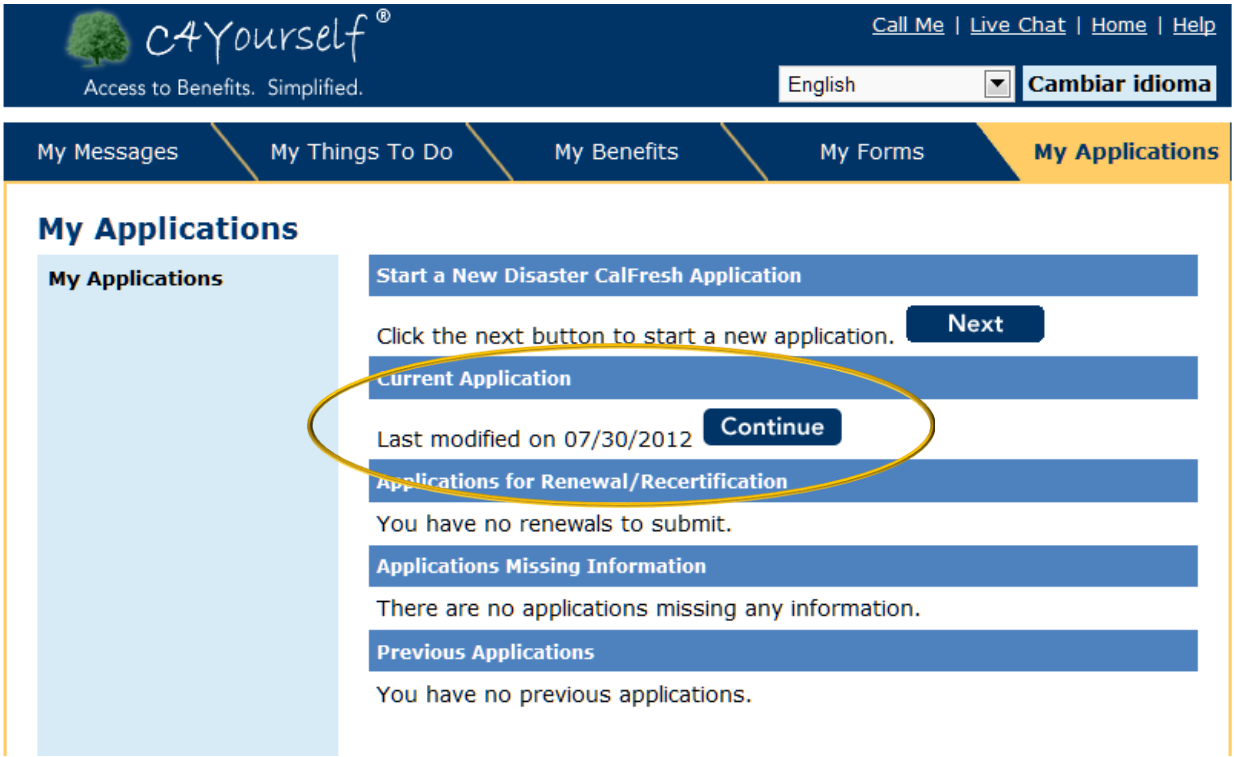
C4Yourself ®
Access to Benefits. Simplified.
English
Cambiar idioma
Access to Benefits. Simplified.
C4Yourself ® is an online application system that allows you to apply for benefits. This is a secured site and all your information will be private and safe.
C4Yourself California Counties
See a map and listing of all C4Yourself counties where you can send your application.
Apply for Benefits
Start a Disaster CalFresh application.
Start an application
Cash Assistance
Food & Nutrition
Medical
My C4Yourself
If you have already created a C4Yourself account you can log in by following the links below.
Create an Account
Check Messages
View Forms
Check Benefits
View Things To Do
Open Saved Applications
See your remaining EBT balance.
Questions and answers.
Contact the County about your existing case.
Announcements
View information about your existing case(s) through your C4Yourself account. Click here to log in.
1 of 1
C4Yourself ® is a registered trademark of California Statewide Automated Welfare System (SAWS) Consortium IV Joint Powers Authority.
Read our Privacy Statement.
VeriSign Secured
VERIFY

The **C4Yourself Login** page appears.


C4Yourself®
Access to Benefits. Simplified.
Home | Help
English
Cambiar idioma
Login
New User
If this is your first time accessing C4Yourself, please register a new account here.
New Community Based Organization (CBO) User
If this is your first time accessing C4Yourself, please register a new CBO account here.
Existing User
Please enter your User Name and Password in the boxes below. Click on the Next button and you will go back to the application you were completing.
User Name: Seymour Yourself
Password: ••••••••
Next
Forgot your Password?
C4Yourself ® is a registered trademark of California Statewide Automated Welfare System (SAWS) Consortium IV Joint Powers Authority.
Read our Privacy Statement .
VeriSign Secured

2. Enter your User Name and Password.

3. Click Next. The **My Applications** page appears.



4. Click the **Continue** button under the Current Application section. The first page of the last section you were in appears. (Because we had last entered Child Care expense information

when we exited, the first page we see when logging back in is the **Expense Information** page.)

5. Click Next until you reach the first page without any of your information. In our sample case that would be the **Medical Treatment** page.

Continuing an Application

Retroactive Medical Expenses

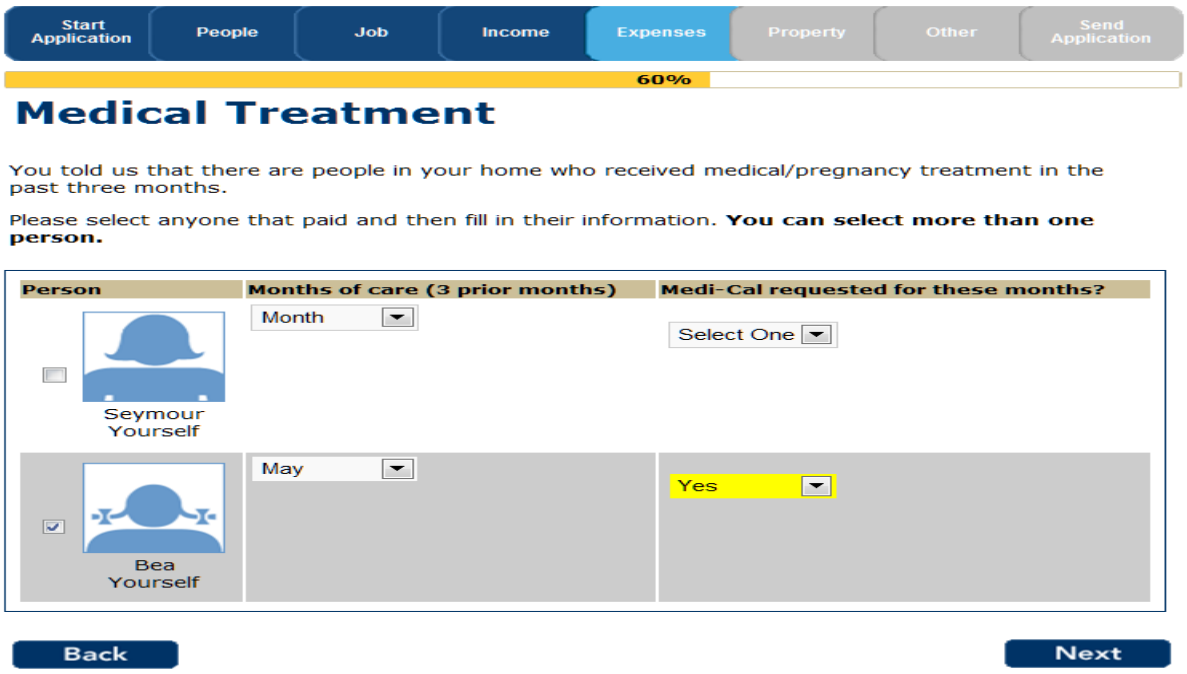
The **Medical Treatment** page allows you apply for help with bills for medical treatments received in the three months before you submit your C4Yourself application to the county. Medical treatments may include services such as:

- Pregnancy related services
- Wheelchairs
- Wheelchair repair
- Hearing aids
- Batteries for hearing aids and/or pace makers
- Eyeglasses
- Therapy
- Psychology services
- MRIs,
- Chiropractic care,
- Acupuncture care,
- Non-emergency transportation for Dr. appointments,
- Physical therapy covered in Long Term Care facilities, and
- In-home services.

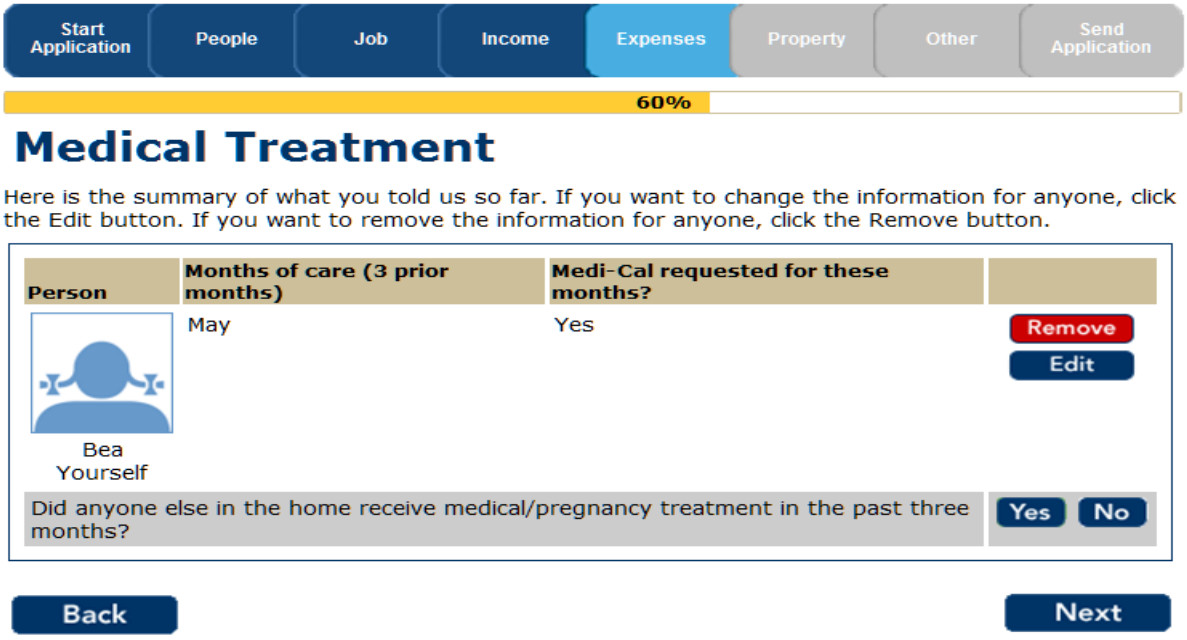
A record for each person who actually received medical care is needed for each month that the person received care.

In our sample case, our application month is July 2012. Bea Yourself had a doctor visit in May and had a prescription refilled in June.

Select the person, select the month in which the medical care was received, and select **"Yes"** to show that you want to get Medi-Cal for that month.



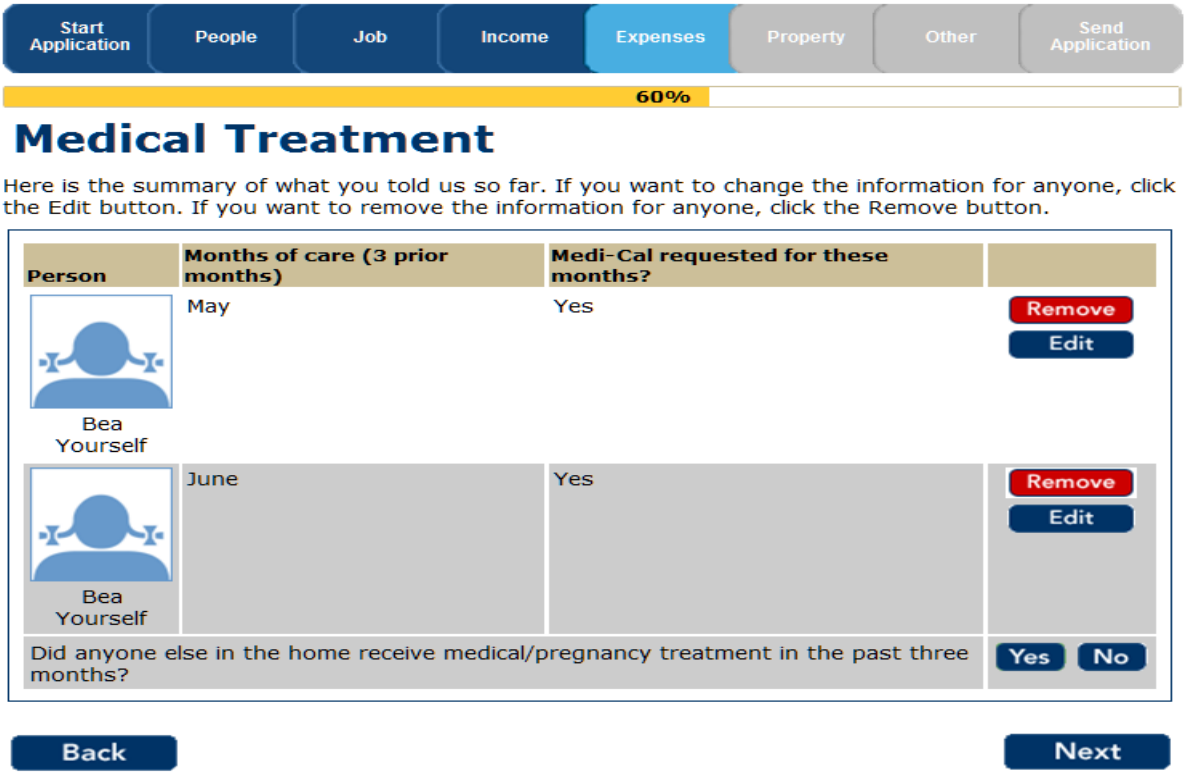
1. Click Next, to see a summary of the Child Care information you've entered .



2. To the question, ***"Did anyone else in the home receive medical/pregnancy treatment in the past three months?"*** click Yes.

3. Repeat this process for each month the person received medical care.

4. When you are finished adding each month for each person, Click Next to see a summary of the Medical Treatment information you've entered.



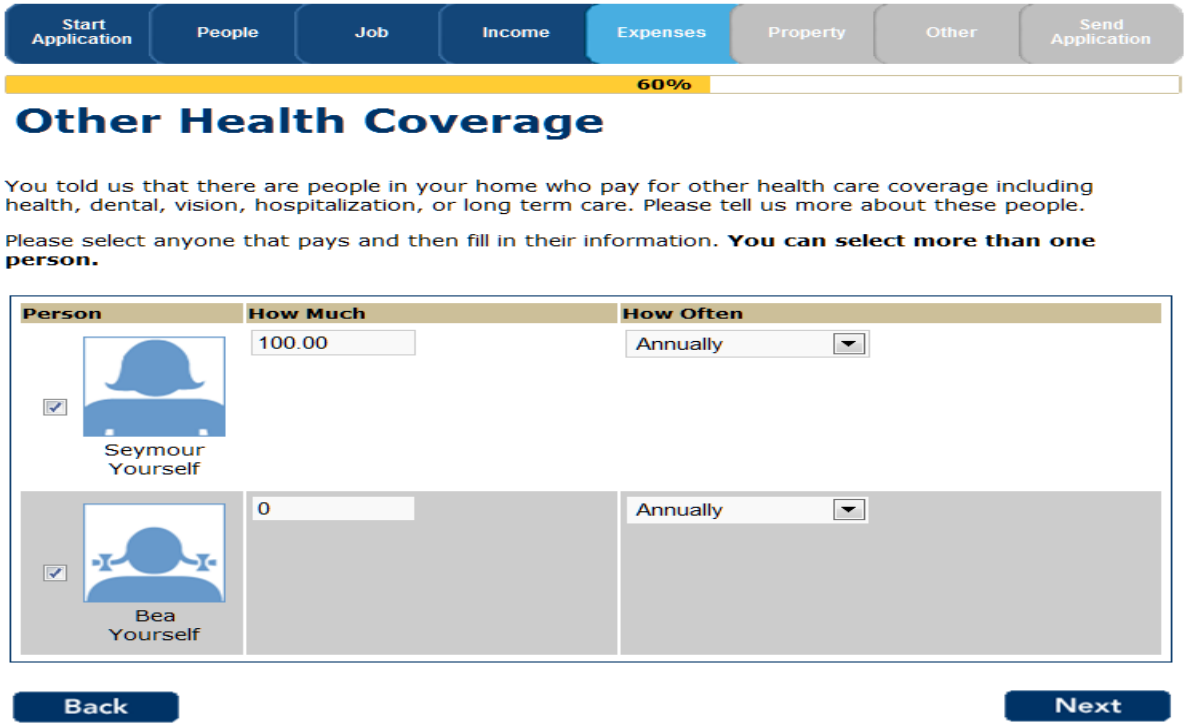
5. Review the information. As with other summary pages, you can edit or remove incorrect information. Clicking Edit takes you back to the **Medical Treatment** page with the information you entered so you can change it. Clicking Remove takes you back to an empty **Medical Treatment** page so you can start over with this page.
6. If you have more medical treatment information to add, click Yes, and repeat the process for each person in your household and for each month that person received medical treatment.
7. Click No or Next, if the information is complete. The **Other Health Coverage** page appears.

Other Health Coverage

The **Other Health Coverage** pages gather information about health care insurance or coverage that you or your family members may have available through sources like a job, or an absent parent.

In our sample case, we'll say that Seymour has health insurance through her job but she pays $100.00 per year through payroll deduction and Bea is covered by her father's employer provided health plan.

1. Read the instructions and enter your information as completely as possible.



2. Click Next to see a summary of the Other Health Coverage information you've entered.

3. Review the information. As with other summary pages, you can edit or remove incorrect information. Clicking Edit takes you back to the **Other Health Coverage** page with the information you entered so you can change it. Clicking Remove takes you back to an empty **Other Health Coverage** page so you can start over with this page.

4. If you have more medical treatment information to add, click Yes, and repeat the process for each person in your household.

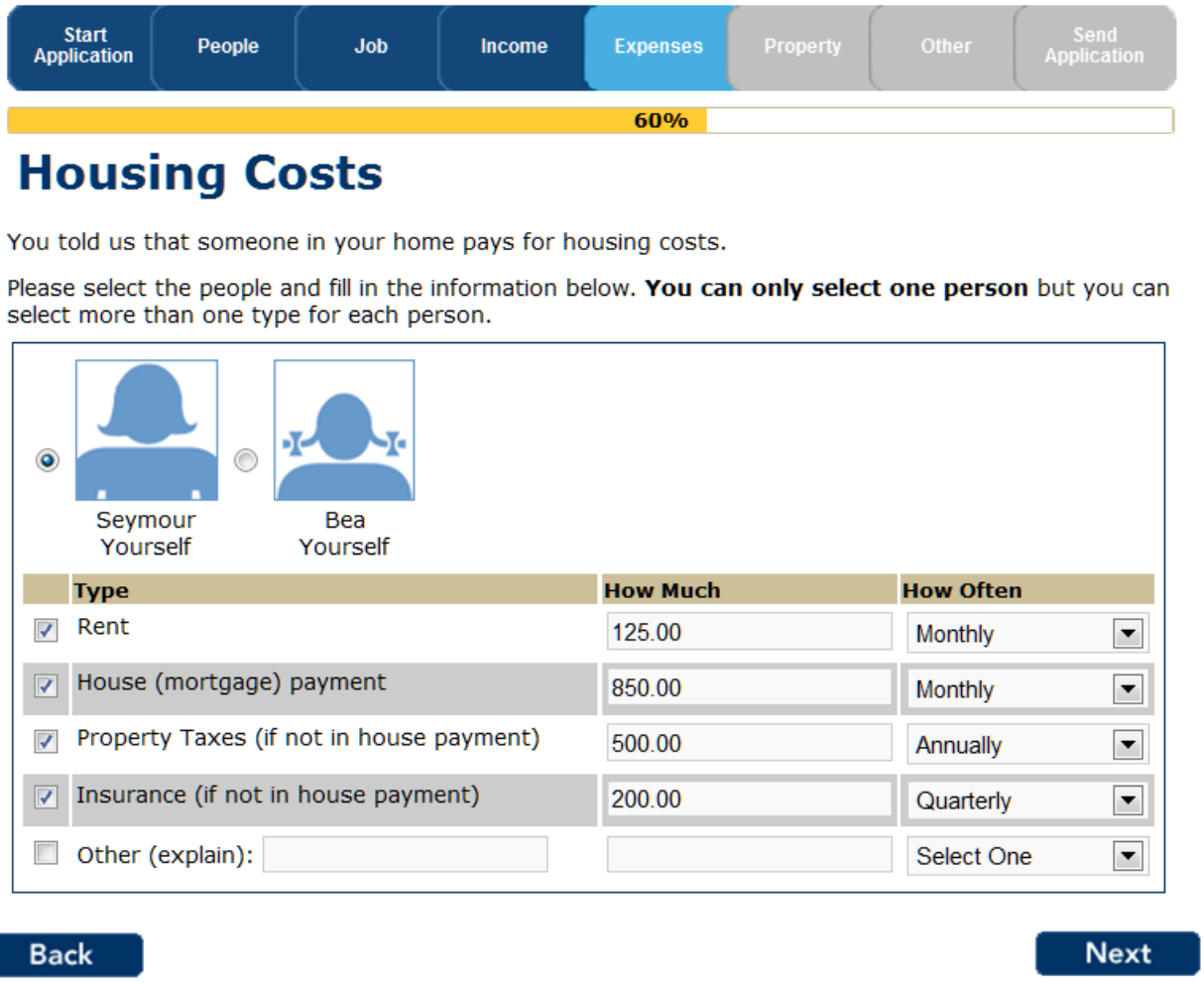
5. Click No or Next if the information is complete. The **Housing Costs** page appears.

Housing Costs

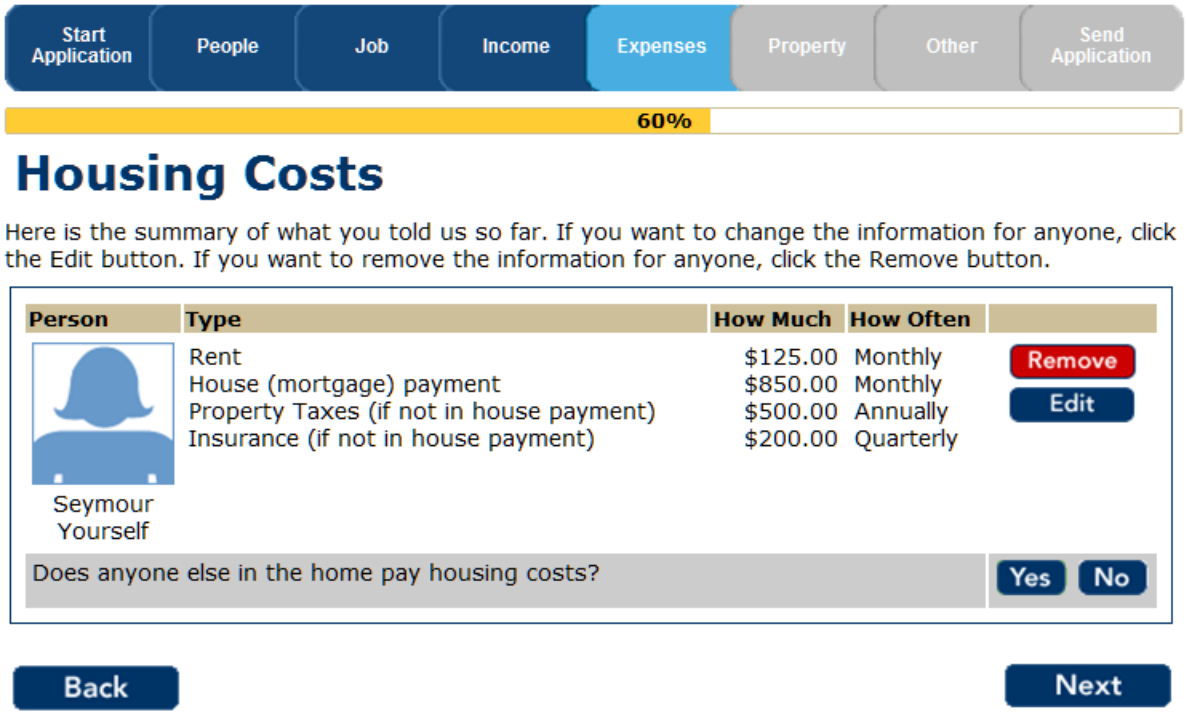
The **Housing Cost** pages gather information about your housing expenses, including rent, mortgage payments, and property taxes and insurance (when not included in the mortgage payment) or other housing costs.

In our sample case, we'll say that Seymour is purchasing her home, and pays Property taxes and Insurance separately from her mortgage.

1. Read the instructions and enter your information as completely as possible.



2. Click Next to see a summary of the Housing Costs information you've entered.



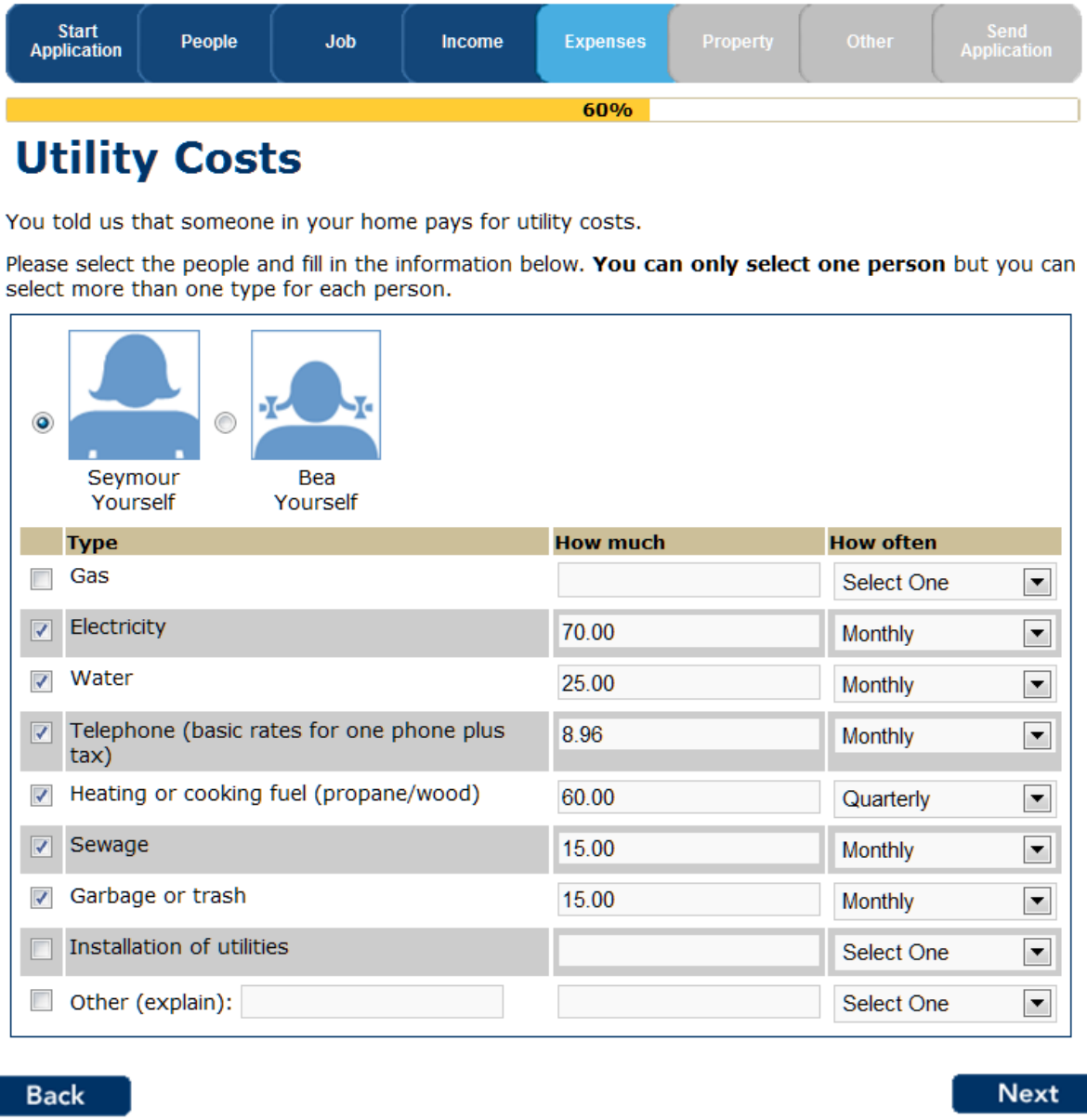
3. Review the information. As with other summary pages, you can edit or remove incorrect information. Clicking Edit takes you back to the **Housing Costs** page with the information you entered so you can change it. Clicking Remove takes you back to an empty **Housing Costs** page so you can start over with this page.
4. If you have more housing cost information to add, click Yes, and repeat the process for each person in your household who pays housing costs.
5. Click No or Next, if the information is complete. The **Utility Costs** page appears.

Utility Costs

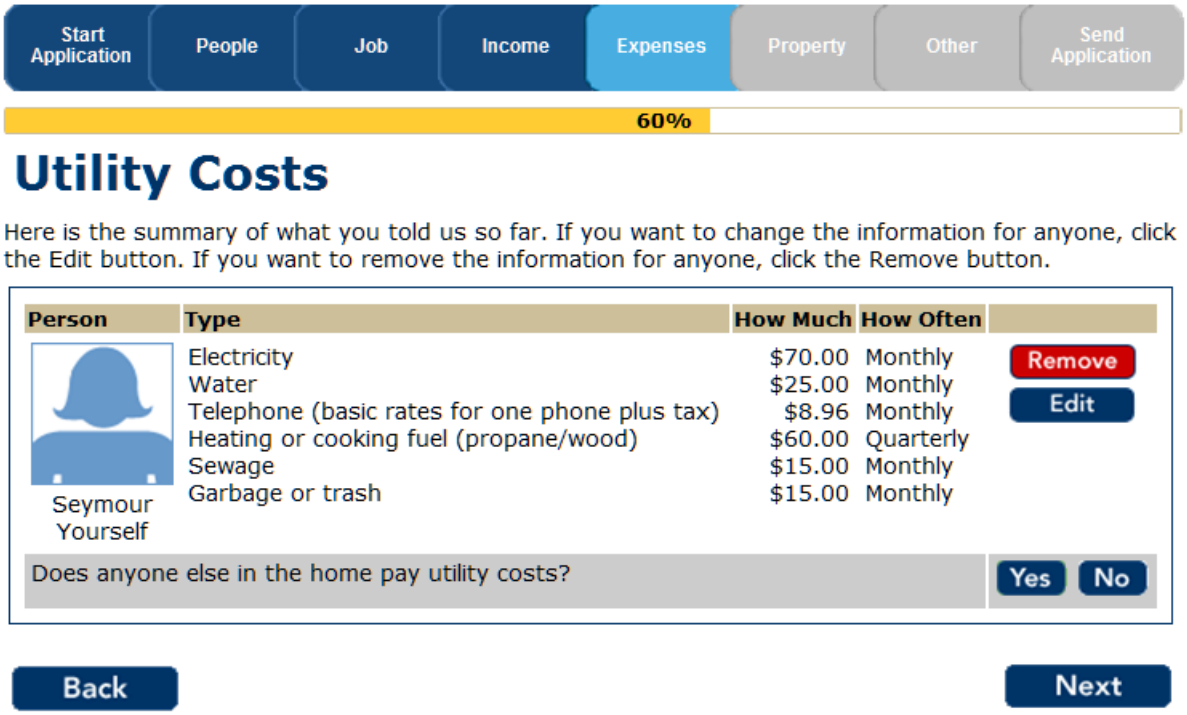
The **Utility Costs** pages gathers information about your utility expenses including, Gas, Electricity, Water, Telephone, heating or cooking fuels such as propane or wood, sewage, garbage and trash, installation of utilities, etc.

In our sample case, we'll say that Seymour pays for electricity, water, telephone, propane, sewage, garbage, and trash.

1. Read the instructions and enter your information as completely as possible.



2. Click Next to see a summary of the utility cost information you've entered .



3. Review the information. As with other summary pages, you can edit or remove incorrect information. Clicking Edit takes you back to the **Utility Costs** page with the information you entered so you can change it. Clicking Remove takes you back to an empty **Utility Costs** page so you can start over with this page.

4. If you have more utility cost information to add, click Yes, and repeat the process for each person in your household that pay utility costs.

5. Click No or Next, if the information is complete. The **Property Information** page appears.

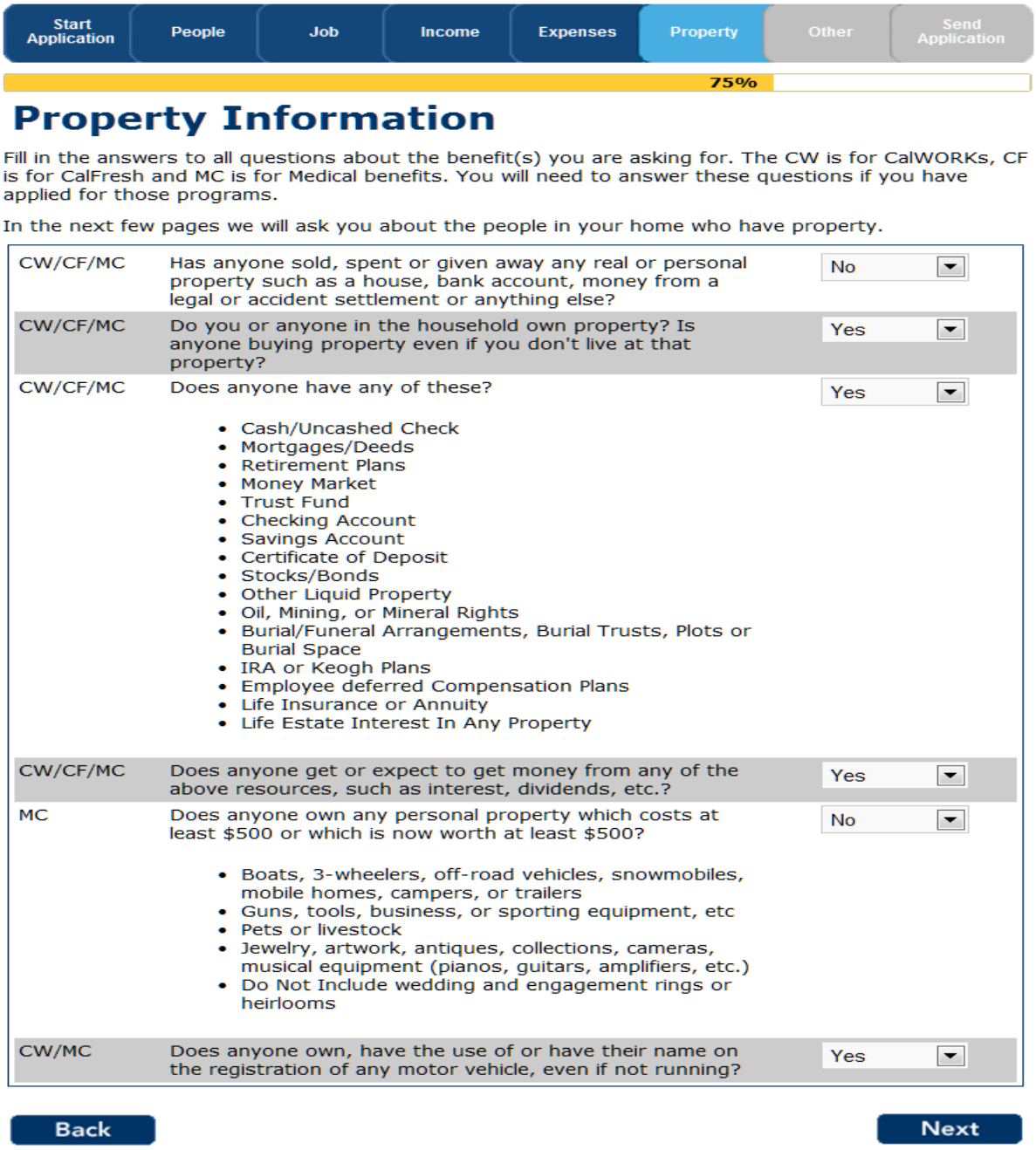
Property Information

The **Property Information** page has several questions about personal property such as, a house, bank accounts, legal or accident settlements, trust funds, stocks & bonds, burial or funeral arrangements, retirement pension, life insurance, cash or un-cashed checks, etc. The

answers to the questions on the Property Information page sets up which pages you will need to complete next.

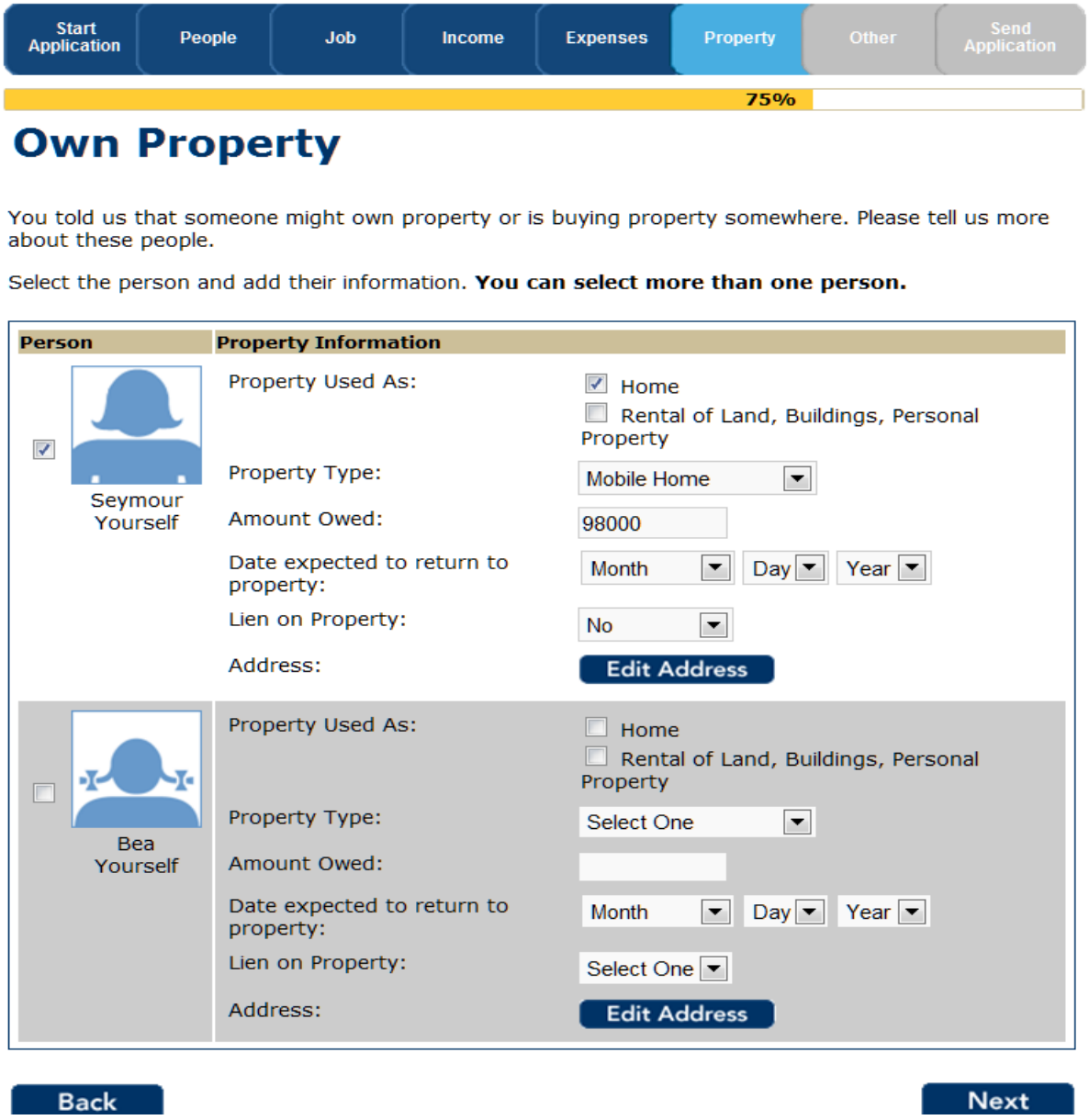
In our sample case, we'll say Seymour has; a car, an interest-bearing checking account, is buying her mobile home, and has an employee deferred compensation plan. Bea has a small savings account set up by her grandparents.

1. Read the instructions and enter your information as completely as possible.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
75%
Property Information
Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
In the next few pages we will ask you about the people in your home who have property.
CW/CF/MC
Has anyone sold, spent or given away any real or personal property such as a house, bank account, money from a legal or accident settlement or anything else?
No
CW/CF/MC
Do you or anyone in the household own property? Is anyone buying property even if you don't live at that property?
Yes
CW/CF/MC
Does anyone have any of these?
Yes
Cash/Uncashed Check
Mortgages/Deeds
Retirement Plans
Money Market
Trust Fund
Checking Account
Savings Account
Certificate of Deposit
Stocks/Bonds
Other Liquid Property
Oil, Mining, or Mineral Rights
Burial/Funeral Arrangements, Burial Trusts, Plots or Burial Space
IRA or Keogh Plans
Employee deferred Compensation Plans
Life Insurance or Annuity
Life Estate Interest In Any Property
CW/CF/MC
Does anyone get or expect to get money from any of the above resources, such as interest, dividends, etc.?
Yes
MC
Does anyone own any personal property which costs at least $500 or which is now worth at least $500?
No
Boats, 3-wheelers, off-road vehicles, snowmobiles, mobile homes, campers, or trailers
Guns, tools, business, or sporting equipment, etc
Pets or livestock
Jewelry, artwork, antiques, collections, cameras, musical equipment (pianos, guitars, amplifiers, etc.)
Do Not Include wedding and engagement rings or heirlooms
CW/MC
Does anyone own, have the use of or have their name on the registration of any motor vehicle, even if not running?
Yes
Back
Next

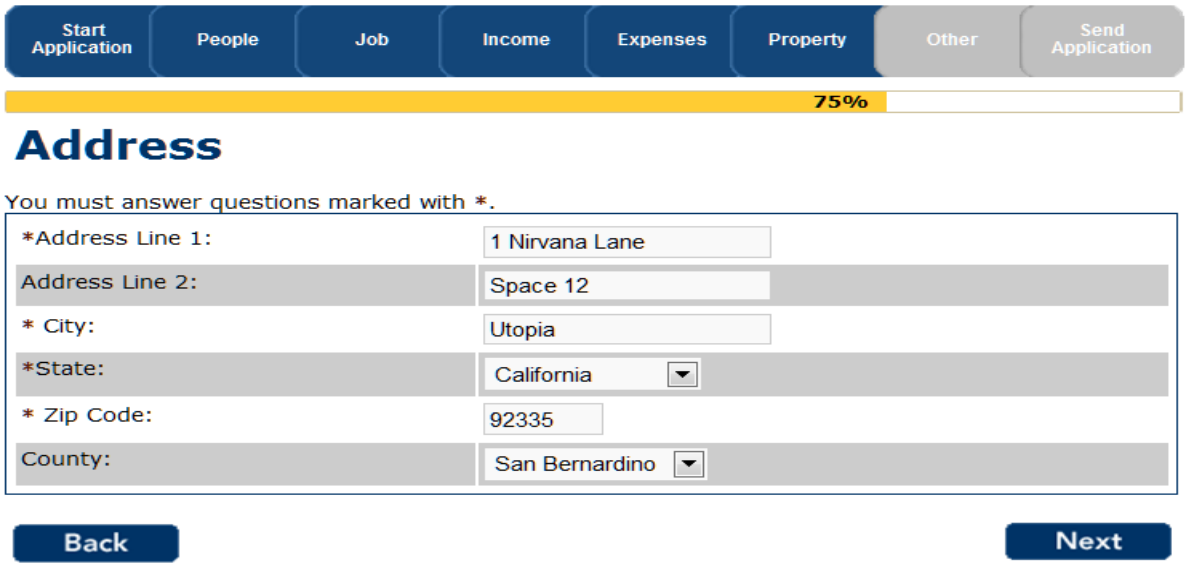
2. Click Next. The **Own Property** page appears.

3. Read the instructions then select the person who owns the property and complete the information as completely as possible.

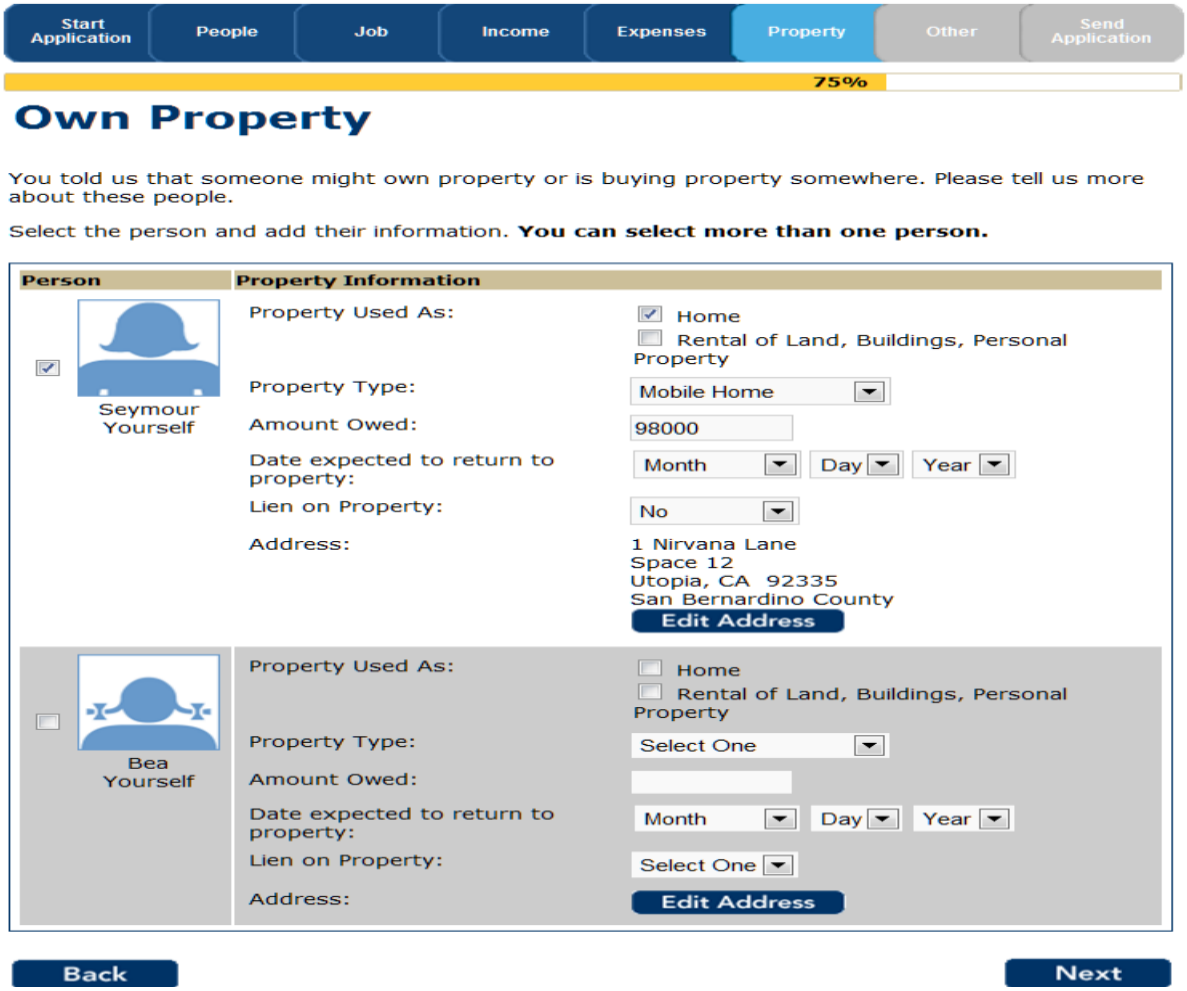


4. Click the **Edit Address** button. The **Address** page appears.

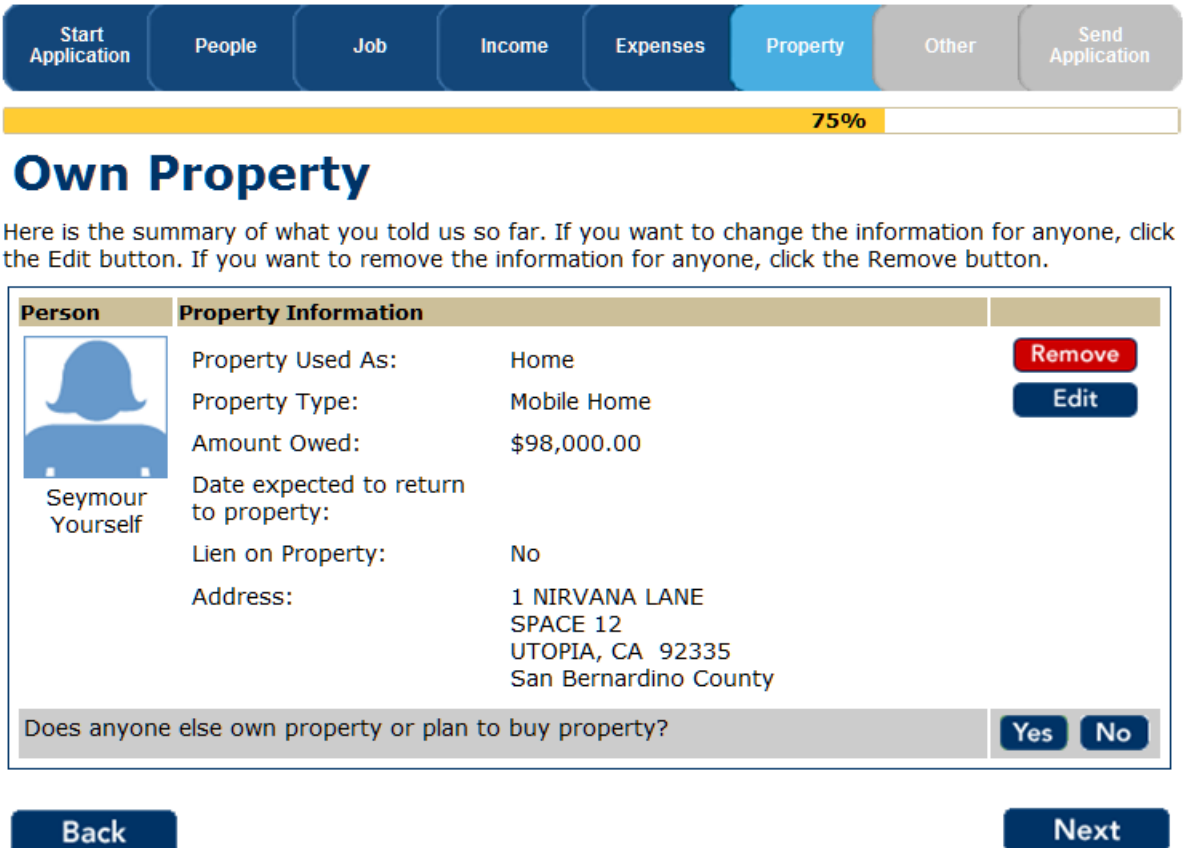
5. Enter the address of the property.



6. Click Next. The **Own Property** page appears with the address as you entered it.



7. Click Next to see a summary of the property information you've entered.

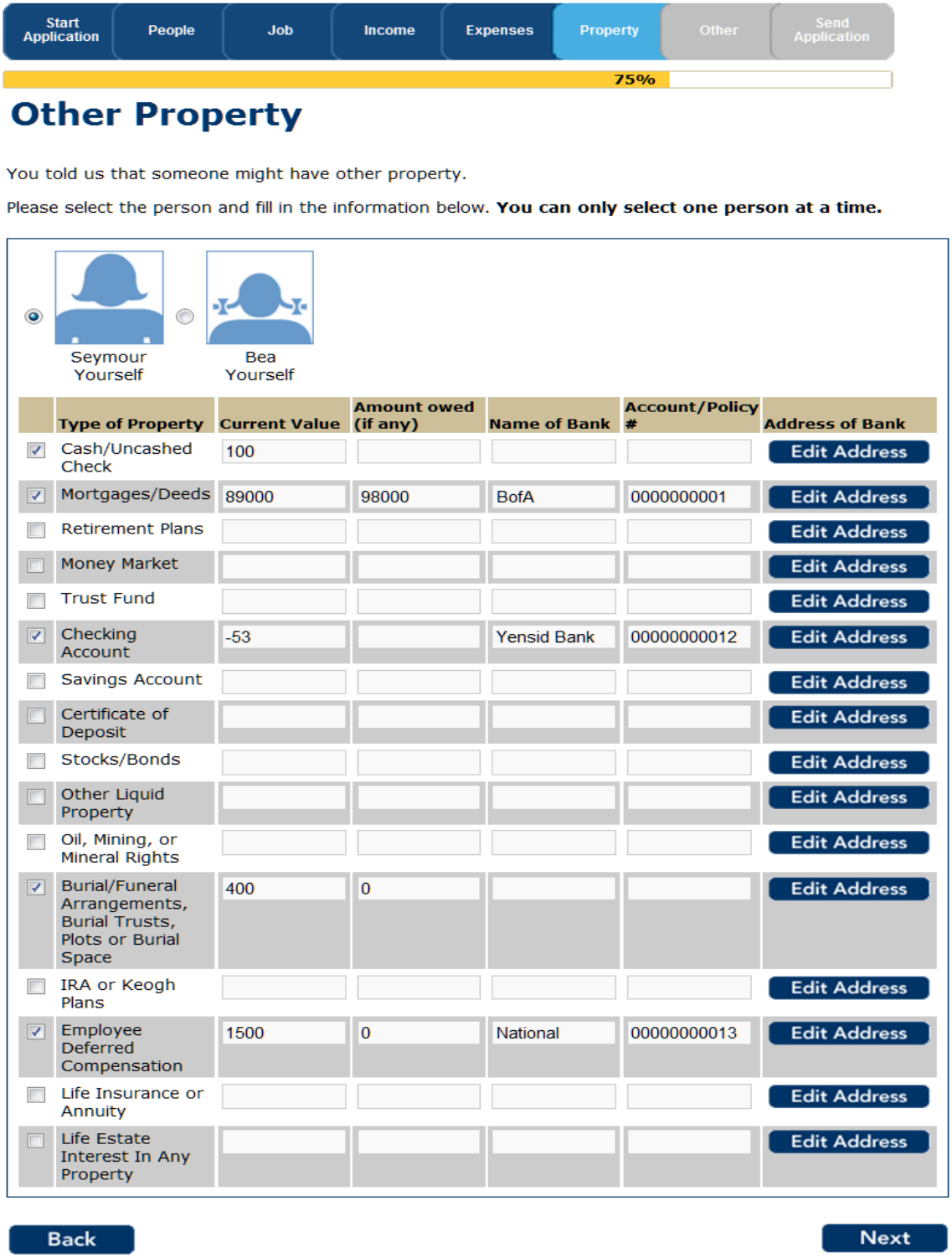


8. Review the summary information. As with other summary pages, you can edit or remove incorrect information. Clicking Edit takes you back to the **Own Property** page with the information you entered so you can change it. Clicking Remove takes you back to a blank **Own Property** page so you can start over with this page.

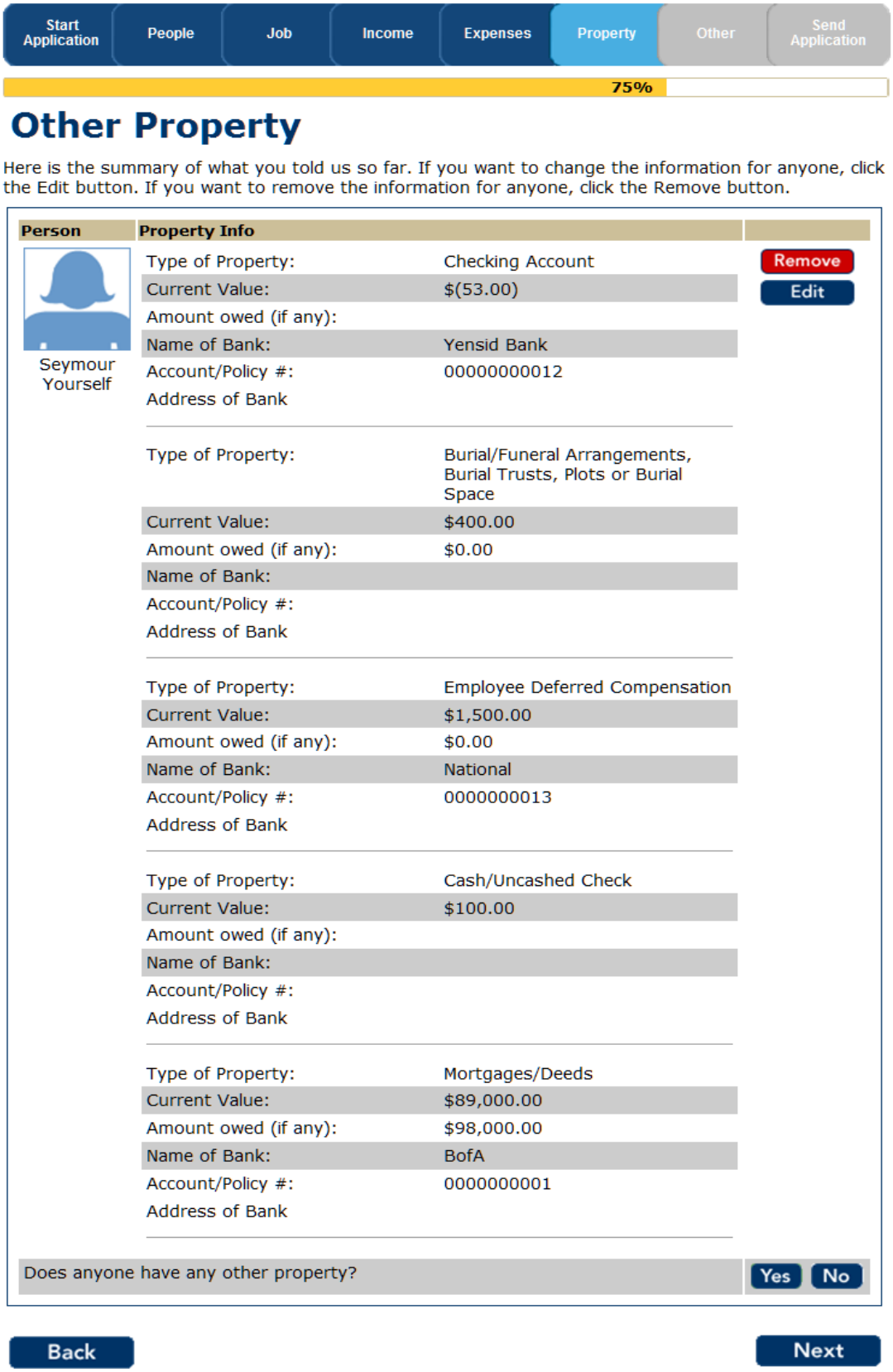
9. If you have more property information to add, click Yes**,** and repeat the process for each piece of property.

10. Click No or Next**,** if the information is complete. The **Other Property** page appears.

11. Read the instructions and enter your information as completely as possible. If you have it, enter the Address of the bank or company by clicking Edit Address. The **Address** Page appears. The **Address** page is always the same in C4Yourself.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
75%
Other Property
You told us that someone might have other property.
Please select the person and fill in the information below. You can only select one person at a time.
Seymour Yourself
Bea Yourself
Type of Property
Current Value
Amount owed (if any)
Name of Bank
Account/Policy #
Address of Bank
Cash/Uncashed Check 100 Edit Address
Mortgages/Deeds 89000 98000 BofA 0000000001 Edit Address
Retirement Plans Edit Address
Money Market Edit Address
Trust Fund Edit Address
Checking Account -53 Yensid Bank 00000000012 Edit Address
Savings Account Edit Address
Certificate of Deposit Edit Address
Stocks/Bonds Edit Address
Other Liquid Property Edit Address
Oil, Mining, or Mineral Rights Edit Address
Burial/Funeral Arrangements, Burial Trusts, Plots or Burial Space 400 0 Edit Address
IRA or Keogh Plans Edit Address
Employee Deferred Compensation 1500 0 National 00000000013 Edit Address
Life Insurance or Annuity Edit Address
Life Estate Interest In Any Property Edit Address
Back
Next

12. Click **Next** to see a summary of the Other Property information you've entered.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
75%
Other Property
Here is the summary of what you told us so far. If you want to change the information for anyone, click the Edit button. If you want to remove the information for anyone, click the Remove button.
Person
Property Info
Seymour Yourself
Type of Property: Checking Account
Current Value: $(53.00)
Amount owed (if any):
Name of Bank: Yensid Bank
Account/Policy #: 00000000012
Address of Bank
Remove
Edit
Type of Property: Burial/Funeral Arrangements, Burial Trusts, Plots or Burial Space
Current Value: $400.00
Amount owed (if any): $0.00
Name of Bank:
Account/Policy #:
Address of Bank
Type of Property: Employee Deferred Compensation
Current Value: $1,500.00
Amount owed (if any): $0.00
Name of Bank: National
Account/Policy #: 0000000013
Address of Bank
Type of Property: Cash/Uncashed Check
Current Value: $100.00
Amount owed (if any):
Name of Bank:
Account/Policy #:
Address of Bank
Type of Property: Mortgages/Deeds
Current Value: $89,000.00
Amount owed (if any): $98,000.00
Name of Bank: BofA
Account/Policy #: 0000000001
Address of Bank
Does anyone have any other property?
Yes
No
Back
Next

13. Review the summary information. As with other summary pages, you can edit or remove incorrect information. Clicking Edit takes you back to the **Other Property** page with the information you entered so you can change it. Clicking Remove takes you back to a blank **Other Property** page so you can start over with this page.

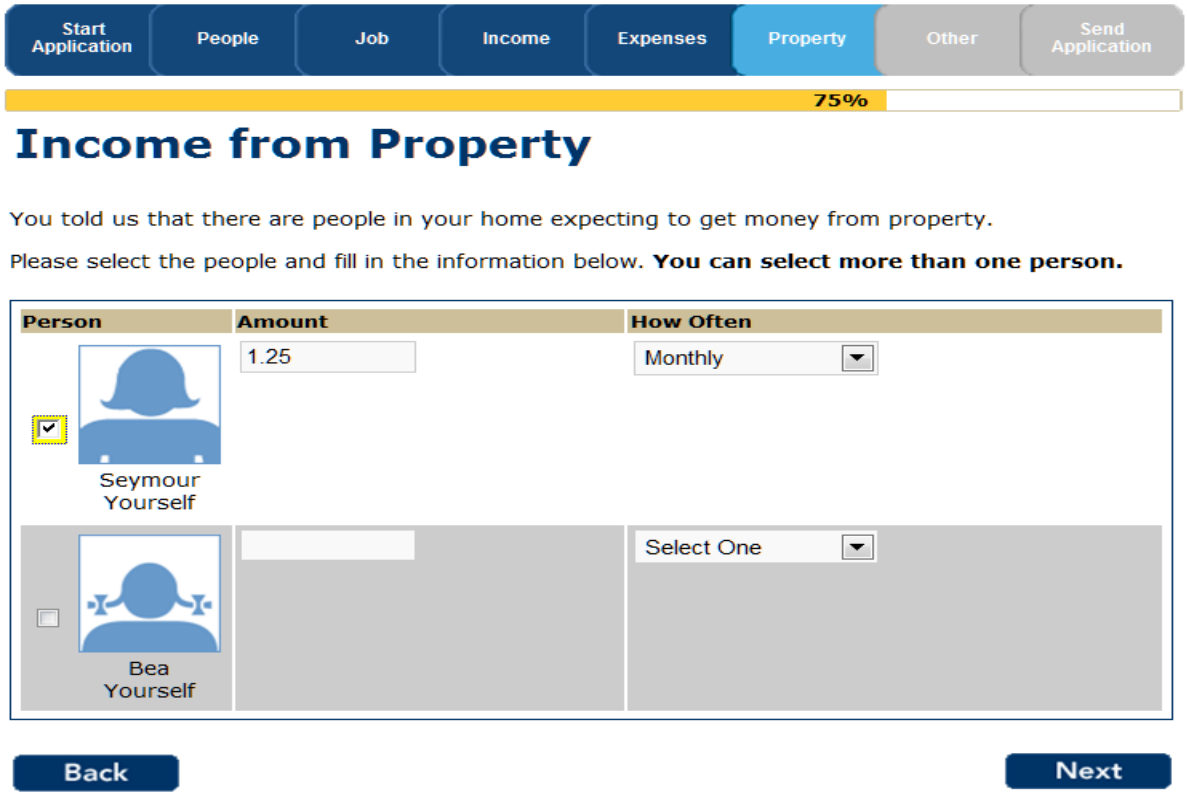
14. If you have more property information to add, click Yes**,** and repeat the process for each piece or type of property.

15. Click No or Next**,** if the information is complete. The **Income from Property** page appears.

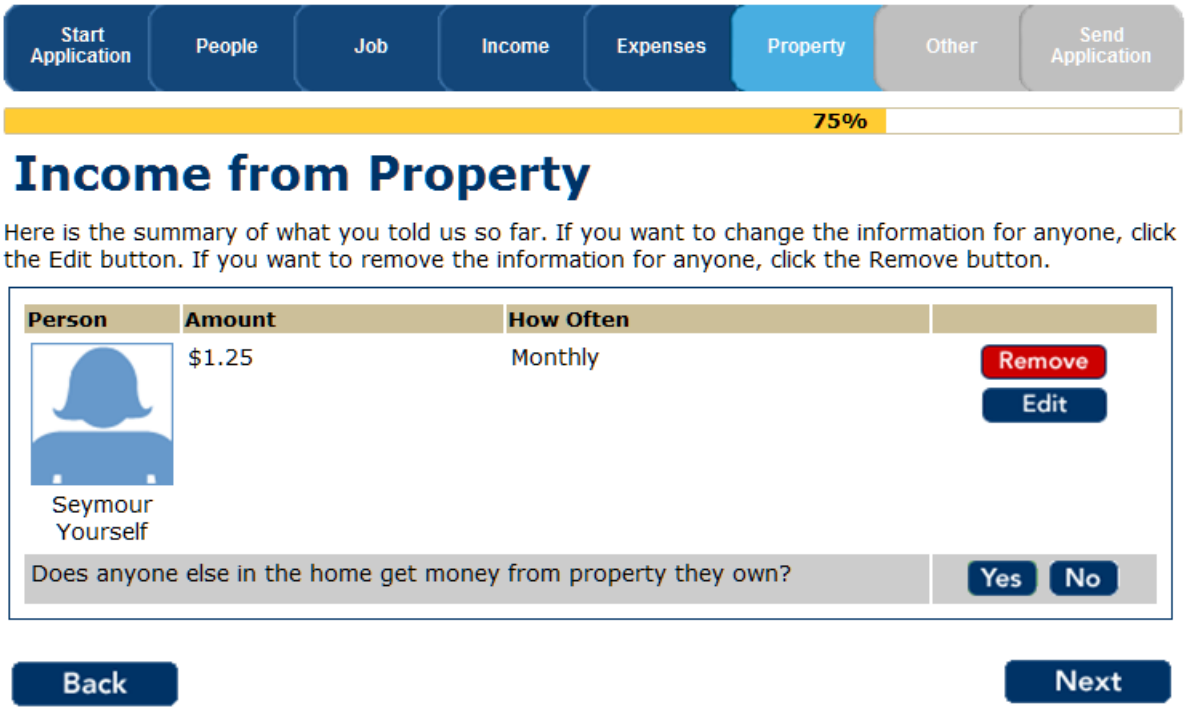
Income from Property

Here is an example of how the answers to questions set-up the pages we see. Because we said, Yes, to the question about expecting to get income from Property (Interest on Checking Account) the Income from Property page appears.

1. Read the instructions and enter your information as completely as possible.



2. Click Next to see a summary of the Income from Property you've entered.



3. Review the summary information. As with other summary pages, you can edit or remove incorrect information. Clicking Edit takes you back to the **Income from Property** page with the information you entered so you can change it. Clicking Remove takes you back to a blank **Income from Property** page so you can start over with this page.

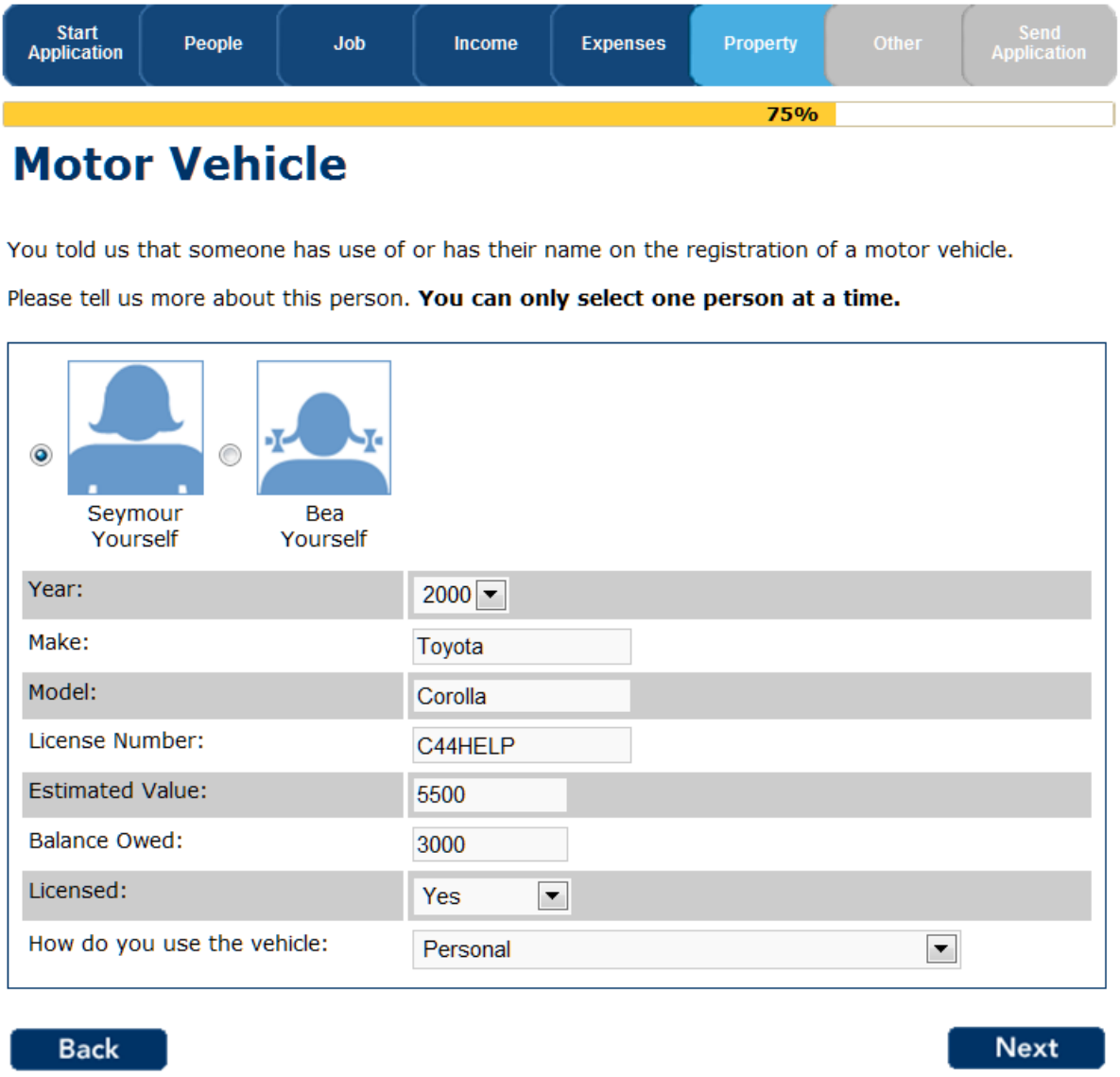
4. If you have more income from property information to add, click Yes**,** and repeat the process for each type of income.

5. Click No or Next**,** if the information is complete. The **Motor Vehicle** page appears.

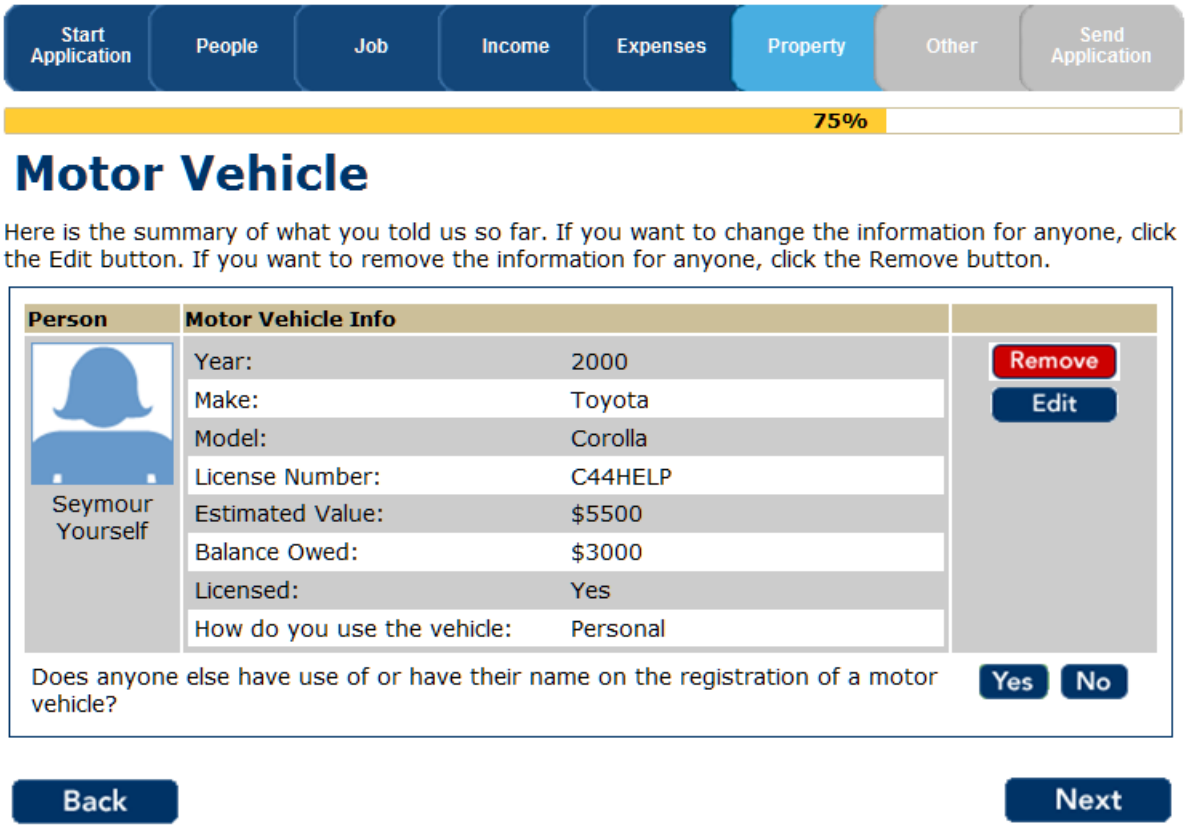
Motor Vehicles

The **Motor Vehicles** pages gather information about any motor vehicle including a car, motorcycle/scooter, RV/Campers, boat, snowmobile, etc., that is registered in your name or the name of anyone in your household.

1. Read the instructions and enter your information as completely as possible.



2. Click **Next** to see a summary of the Motor Vehicle information you've entered.



3. Review the summary information. As with other summary pages, you can edit or remove incorrect information. Clicking Edit takes you back to the **Motor Vehicle** page with the information you entered so you can change it. Clicking Remove takes you back to a blank **Motor Vehicle** page so you can start over with this page.

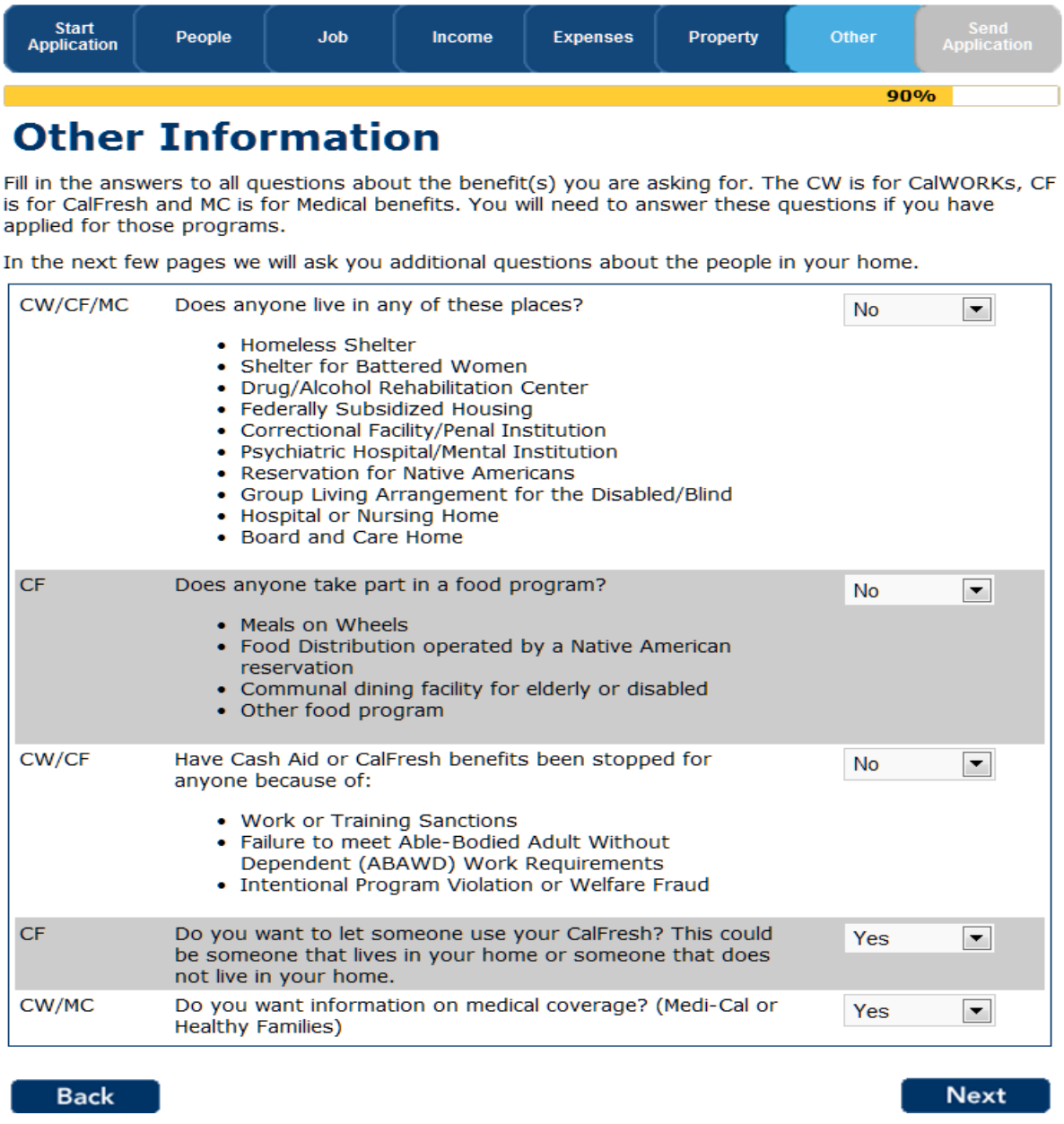
4. If you have more motor vehicle information to add, click Yes**,** and repeat the process for each type of income.

5. Click No or Next**,** if the information is complete. The **Other Information** page appears.

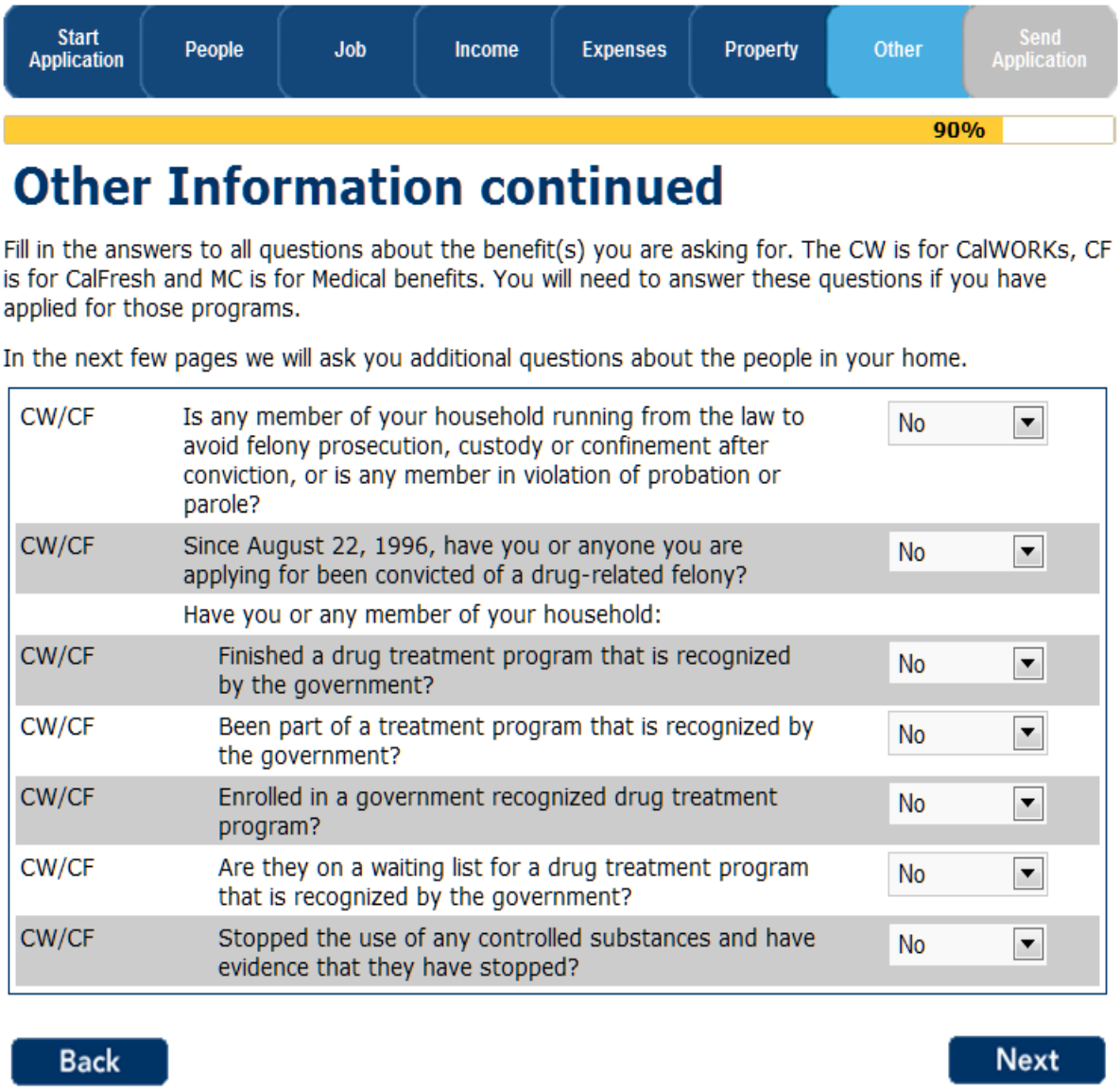
Other Information

The **Other Information** pages gathers some general information about your living situation, whether you've received public assistance in the past, who you want to be able to use your EBT card if your applications is approved and whether you need more information about medical services. The answers to these questions set up which pages you will complete next.

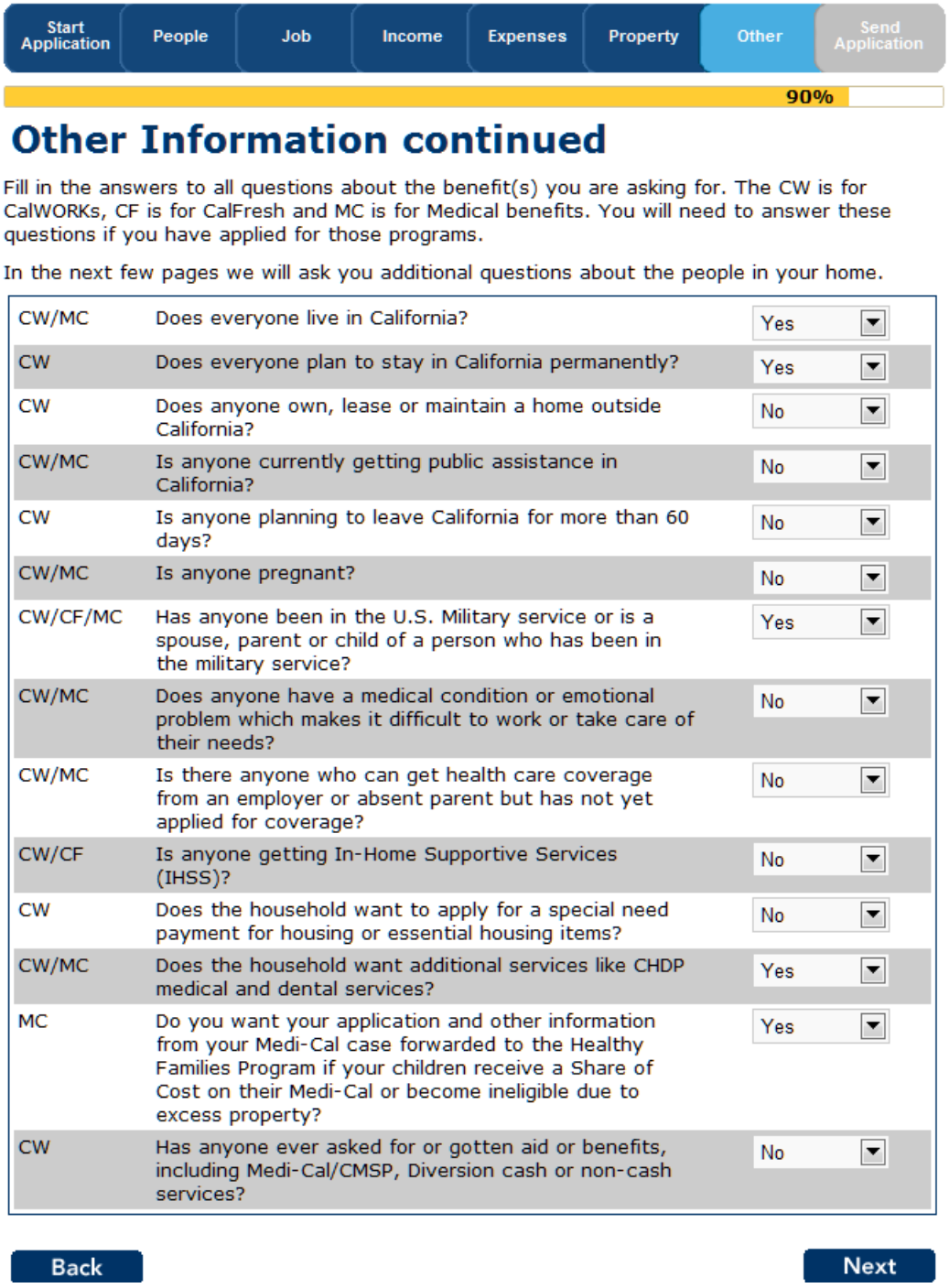
1. Read the instructions and enter your information as completely as possible.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
90%
Other Information
Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
In the next few pages we will ask you additional questions about the people in your home.
CW/CF/MC
Does anyone live in any of these places?
No
Homeless Shelter
Shelter for Battered Women
Drug/Alcohol Rehabilitation Center
Federally Subsidized Housing
Correctional Facility/Penal Institution
Psychiatric Hospital/Mental Institution
Reservation for Native Americans
Group Living Arrangement for the Disabled/Blind
Hospital or Nursing Home
Board and Care Home
CF
Does anyone take part in a food program?
No
Meals on Wheels
Food Distribution operated by a Native American reservation
Communal dining facility for elderly or disabled
Other food program
CW/CF
Have Cash Aid or CalFresh benefits been stopped for anyone because of:
No
Work or Training Sanctions
Failure to meet Able-Bodied Adult Without Dependent (ABAWD) Work Requirements
Intentional Program Violation or Welfare Fraud
CF
Do you want to let someone use your CalFresh? This could be someone that lives in your home or someone that does not live in your home.
Yes
CW/MC
Do you want information on medical coverage? (Medi-Cal or Healthy Families)
Yes
Back
Next

2. Click Next. The **Other Information continued** page appears.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
90%
Other Information continued
Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
In the next few pages we will ask you additional questions about the people in your home.
CW/CF
Is any member of your household running from the law to avoid felony prosecution, custody or confinement after conviction, or is any member in violation of probation or parole?
No
CW/CF
Since August 22, 1996, have you or anyone you are applying for been convicted of a drug-related felony?
No
Have you or any member of your household:
CW/CF
Finished a drug treatment program that is recognized by the government?
No
CW/CF
Been part of a treatment program that is recognized by the government?
No
CW/CF
Enrolled in a government recognized drug treatment program?
No
CW/CF
Are they on a waiting list for a drug treatment program that is recognized by the government?
No
CW/CF
Stopped the use of any controlled substances and have evidence that they have stopped?
No
Back
Next

3. Click **Next** and continue answering the questions.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
90%
Other Information continued
Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
In the next few pages we will ask you additional questions about the people in your home.
CW/MC Does everyone live in California? Yes
CW Does everyone plan to stay in California permanently? Yes
CW Does anyone own, lease or maintain a home outside California? No
CW/MC Is anyone currently getting public assistance in California? No
CW Is anyone planning to leave California for more than 60 days? No
CW/MC Is anyone pregnant? No
CW/CF/MC Has anyone been in the U.S. Military service or is a spouse, parent or child of a person who has been in the military service? Yes
CW/MC Does anyone have a medical condition or emotional problem which makes it difficult to work or take care of their needs? No
CW/MC Is there anyone who can get health care coverage from an employer or absent parent but has not yet applied for coverage? No
CW/CF Is anyone getting In-Home Supportive Services (IHSS)? No
CW Does the household want to apply for a special need payment for housing or essential housing items? No
CW/MC Does the household want additional services like CHDP medical and dental services? Yes
MC Do you want your application and other information from your Medi-Cal case forwarded to the Healthy Families Program if your children receive a Share of Cost on their Medi-Cal or become ineligible due to excess property? Yes
CW Has anyone ever asked for or gotten aid or benefits, including Medi-Cal/CMSP, Diversion cash or non-cash services? No
Back
Next

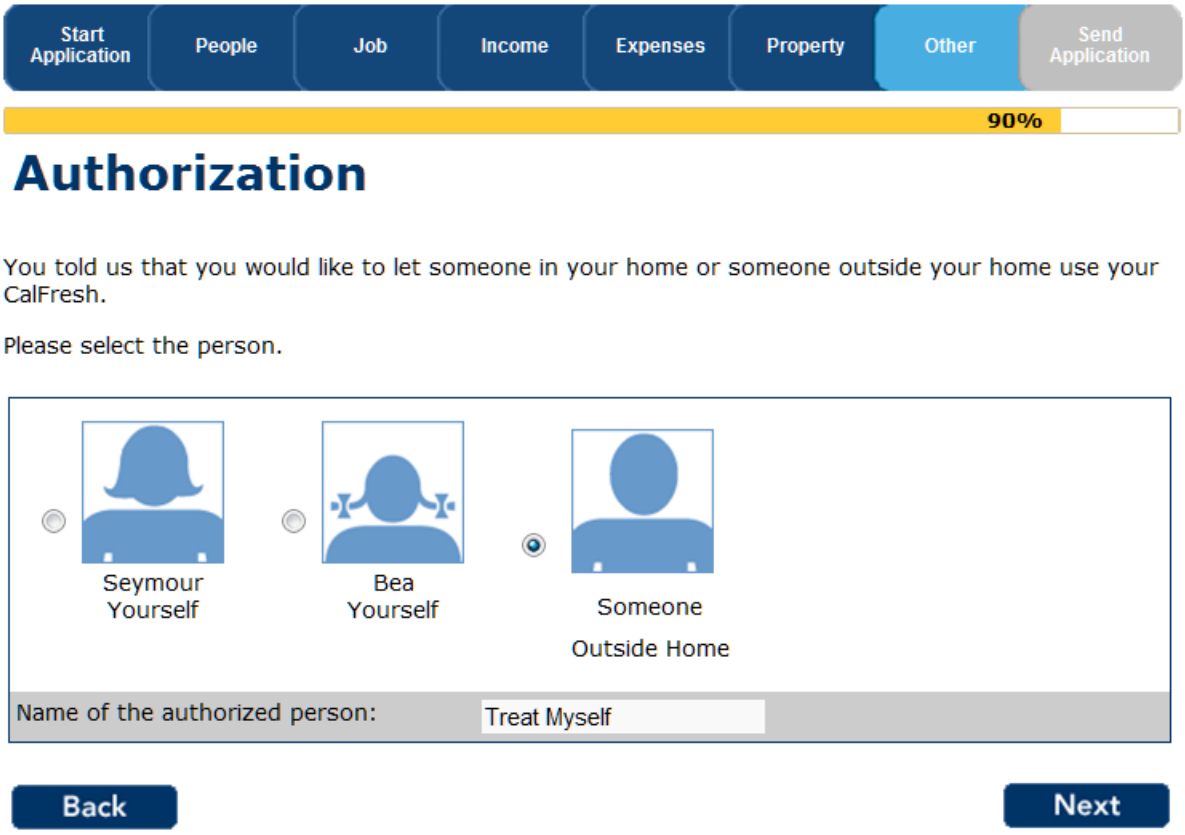
4. Click **Next**. The **Authorization** page appears.

Authorization

The **Authorization** page is used to give permission for someone else to use your EBT account to purchase food for you and your family and/or at use your cash aid. This person can be anyone you want, just remember this person will have full access to ALL of your cash aid and/or food & nutrition benefits. THE COUNTY IS NOT RESPONSIBLE FOR ANY LOST OR STOLEN BENEFITS.

1. Read the instructions and enter your information as completely as possible.

For our sample case, we will use Seymour's brother, Treat Myself.



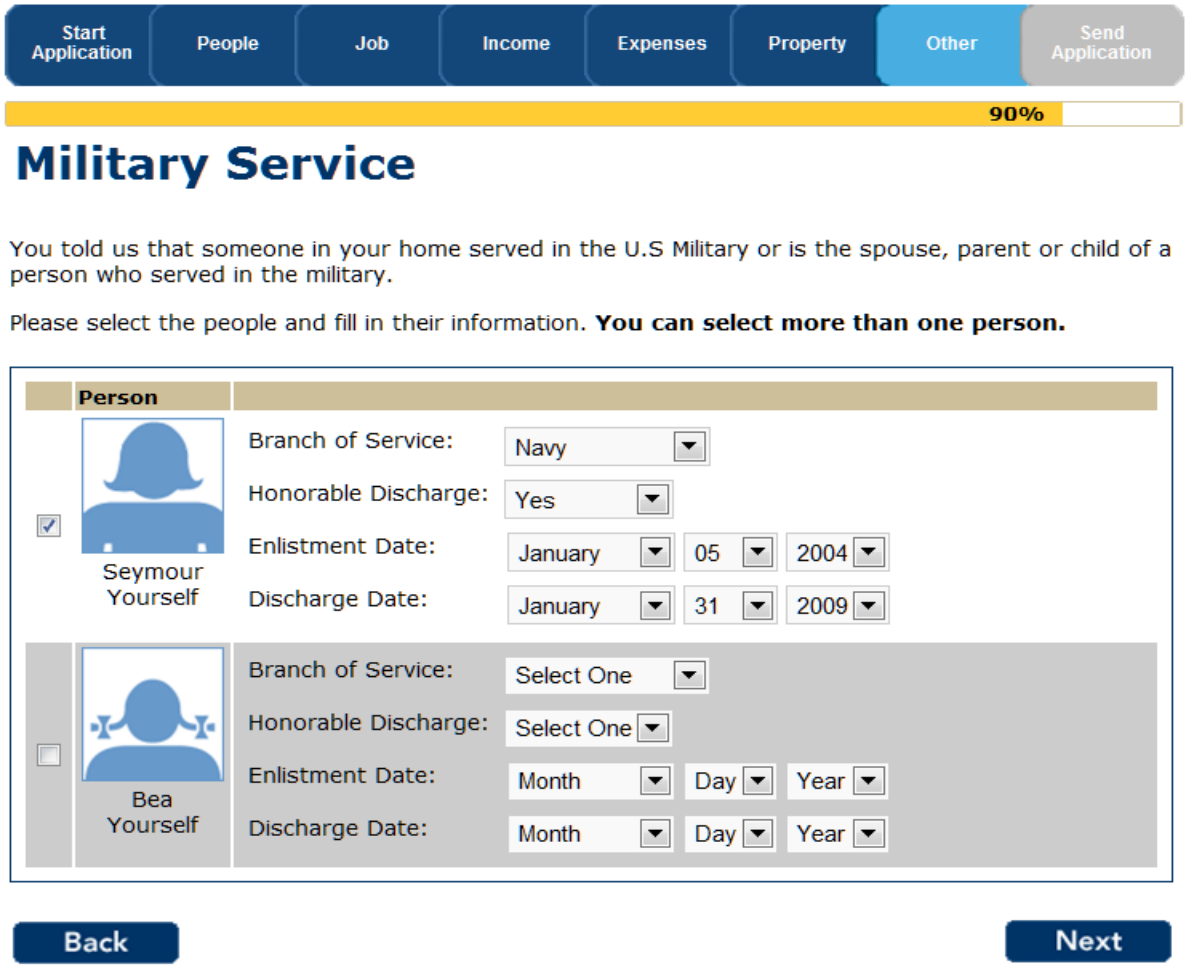
2. Select **Someone Outside the Home** and enter the person's name.

3. Click Next. The **Military Service** page appears.

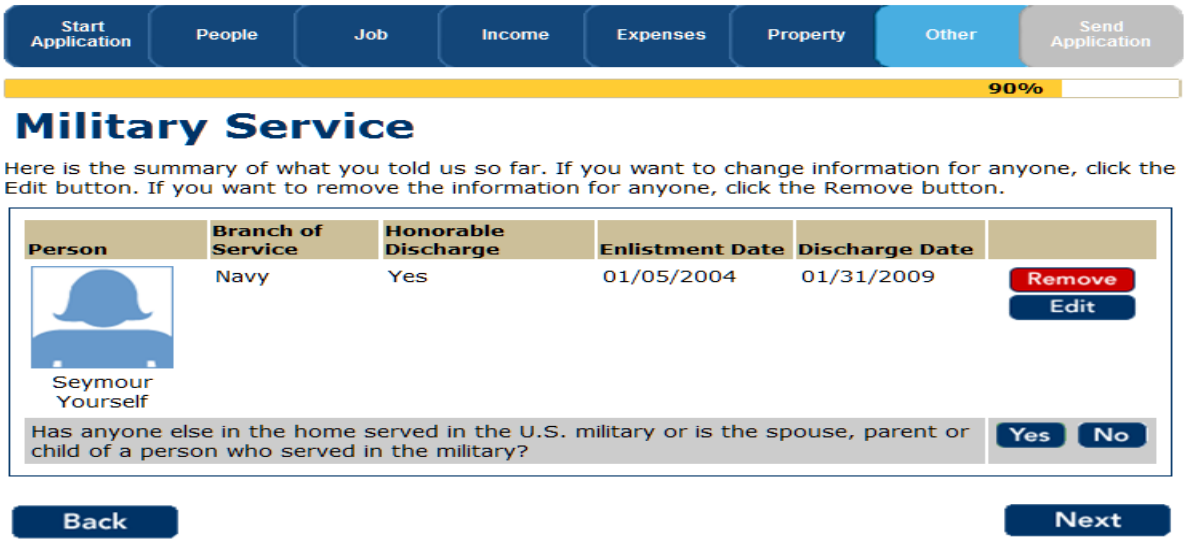
Military Service

The **Military Service** page gathers information about the military service of the people in your home. Military Service includes: Air Force, Army, Coast Guard, Marines, National Guard, and Navy. If you or your spouse is or was in the military you should complete this page. You can also use this page to tell the county whether your child's absent parent is or was in the military.

1. Read the instructions and enter your information as completely as possible.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
90%
Military Service
You told us that someone in your home served in the U.S Military or is the spouse, parent or child of a person who served in the military.
Please select the people and fill in their information. You can select more than one person.
Person
Seymour Yourself
Branch of Service: Navy
Honorable Discharge: Yes
Enlistment Date: January 05 2004
Discharge Date: January 31 2009
Bea Yourself
Branch of Service: Select One
Honorable Discharge: Select One
Enlistment Date: Month Day Year
Discharge Date: Month Day Year
Back
Next

2. Click Next to see a summary of the military service information you've entered.



3. Review the summary information. As with other summary pages, you can edit or remove incorrect information. Clicking Edit takes you back to the **Military Service** page with the information you entered so you can change it. Clicking Remove takes you back to a blank **Military Service** page so you can start over with this page.

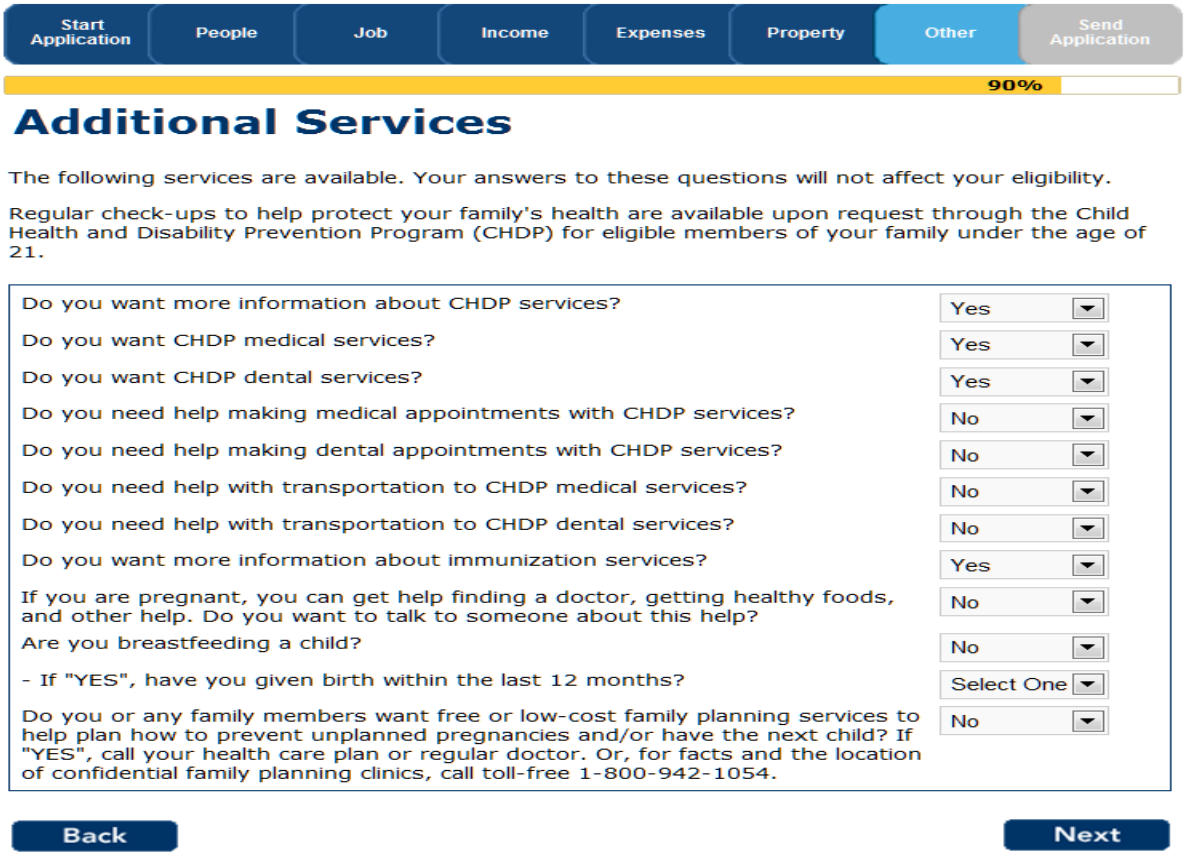
4. If you have more income from military information to add, click Yes**,** and repeat the process for each person's military service information.

5. Click No or Next**,** if the information is complete. The **Additional Services** page appears.

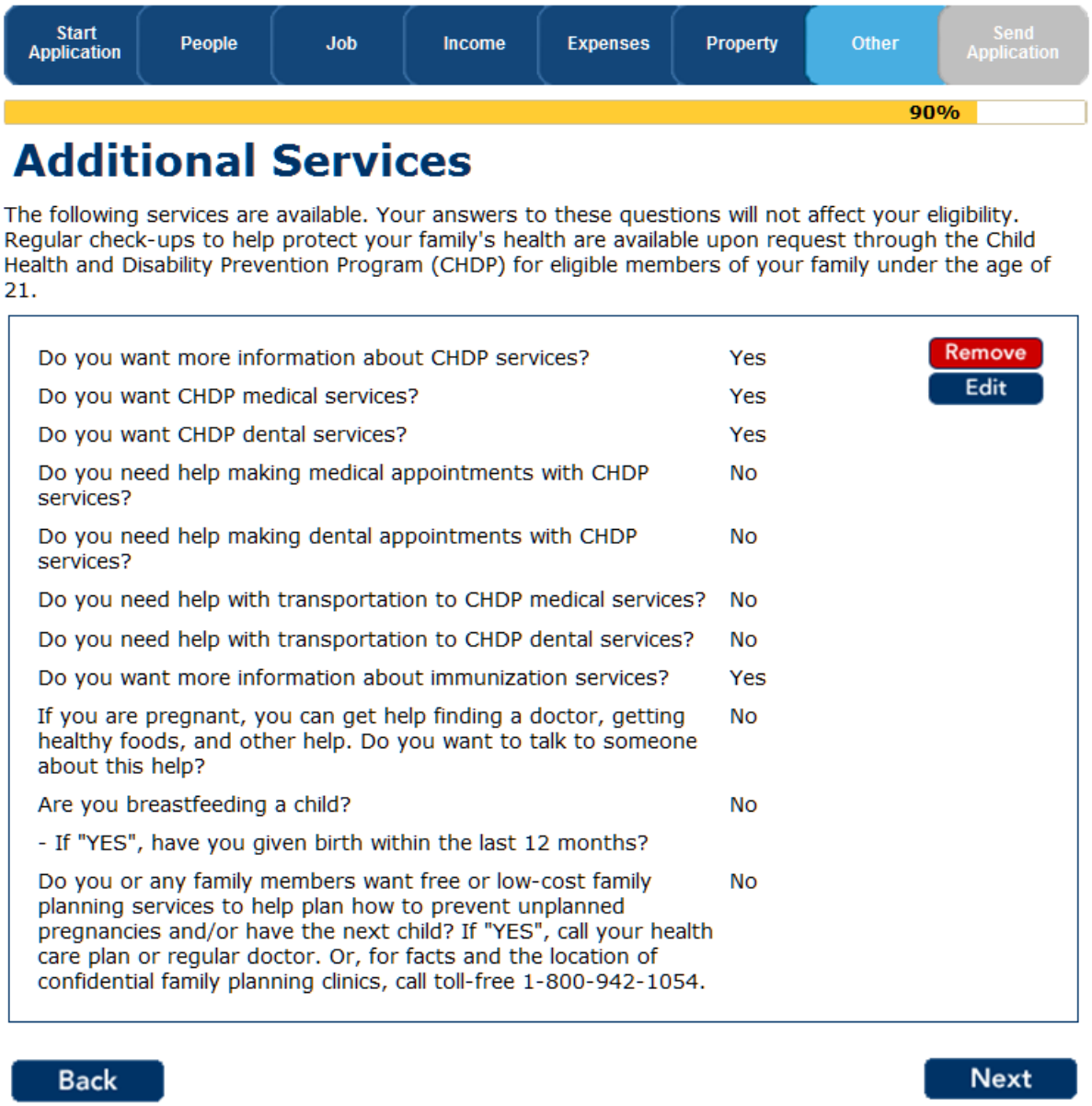
Additional Services

The **Additional Services** page gathers information about your need for a referral to other services such as, health screenings and/or dental care for family members under the age of 21, special nutritional needs for pregnant or nursing mothers and infants, family planning services, and transportation to medical/dental services.

1. Read the instructions and provide your answers to the questions.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
90%
Additional Services
The following services are available. Your answers to these questions will not affect your eligibility.
Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under the age of 21.
Do you want more information about CHDP services? Yes
Do you want CHDP medical services? Yes
Do you want CHDP dental services? Yes
Do you need help making medical appointments with CHDP services? No
Do you need help making dental appointments with CHDP services? No
Do you need help with transportation to CHDP medical services? No
Do you need help with transportation to CHDP dental services? No
Do you want more information about immunization services? Yes
If you are pregnant, you can get help finding a doctor, getting healthy foods, and other help. Do you want to talk to someone about this help? No
Are you breastfeeding a child? No
- If "YES", have you given birth within the last 12 months? Select One
Do you or any family members want free or low-cost family planning services to help plan how to prevent unplanned pregnancies and/or have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054. No
Back
Next

2. Click Next to see a summary of your answers.

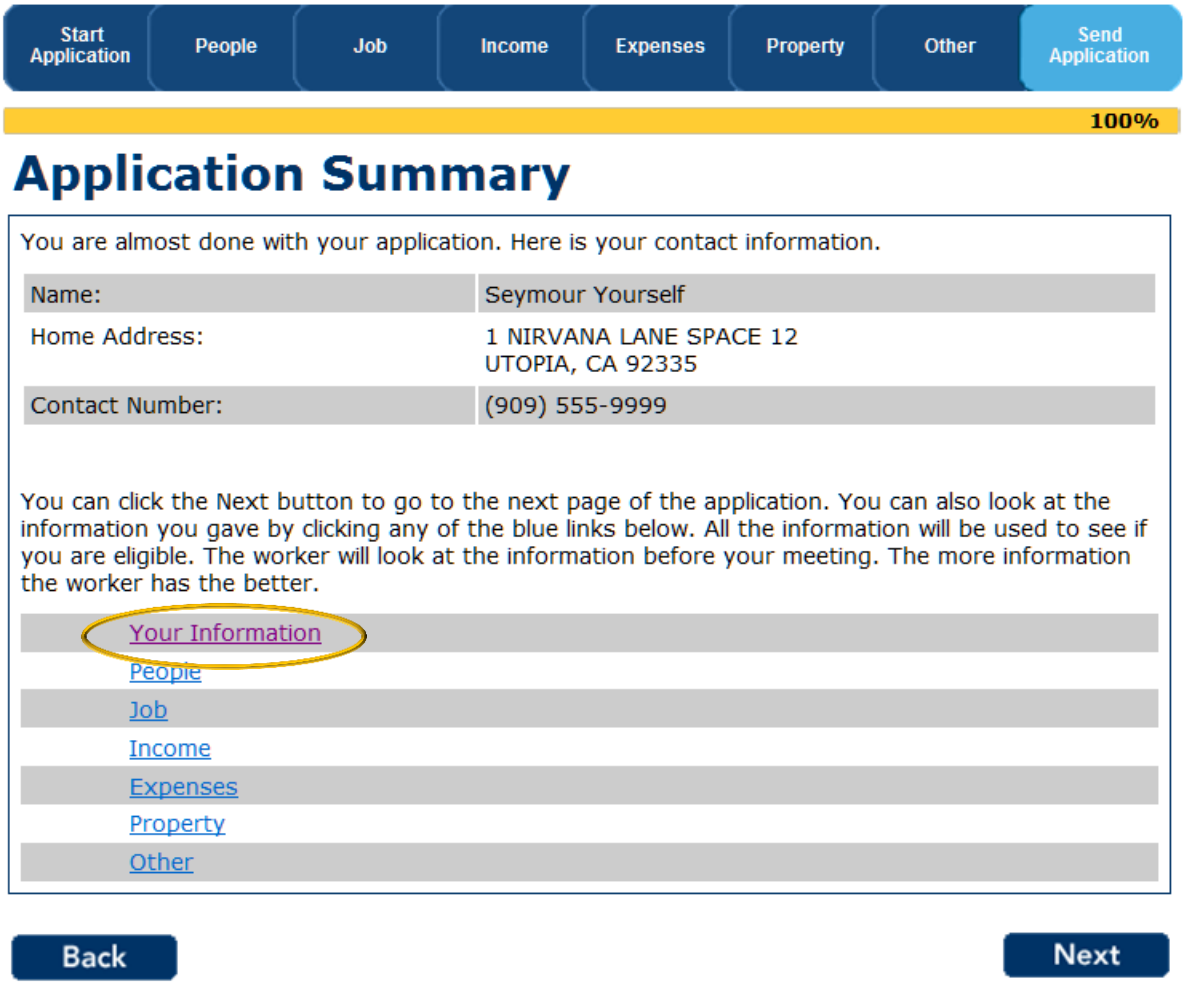

Start Application
People
Job
Income
Expenses
Property
Other
Send Application
90%
Additional Services
The following services are available. Your answers to these questions will not affect your eligibility. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under the age of 21.
Do you want more information about CHDP services? Yes
Do you want CHDP medical services? Yes
Do you want CHDP dental services? Yes
Do you need help making medical appointments with CHDP services? No
Do you need help making dental appointments with CHDP services? No
Do you need help with transportation to CHDP medical services? No
Do you need help with transportation to CHDP dental services? No
Do you want more information about immunization services? Yes
If you are pregnant, you can get help finding a doctor, getting healthy foods, and other help. Do you want to talk to someone about this help? No
Are you breastfeeding a child? No
- If "YES", have you given birth within the last 12 months?
Do you or any family members want free or low-cost family planning services to help plan how to prevent unplanned pregnancies and/or have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054. No
Remove
Edit
Back
Next

3. Review the summary information. As with other summary pages, you can edit or remove incorrect information. Clicking Edit takes you back to the **Additional Services** page with the information you entered so you can change it. Clicking Remove takes you back to a blank **Additional Services** page so you can start over with this page.

4. Click Next, if the information is complete. The **Application Summary** page appears.

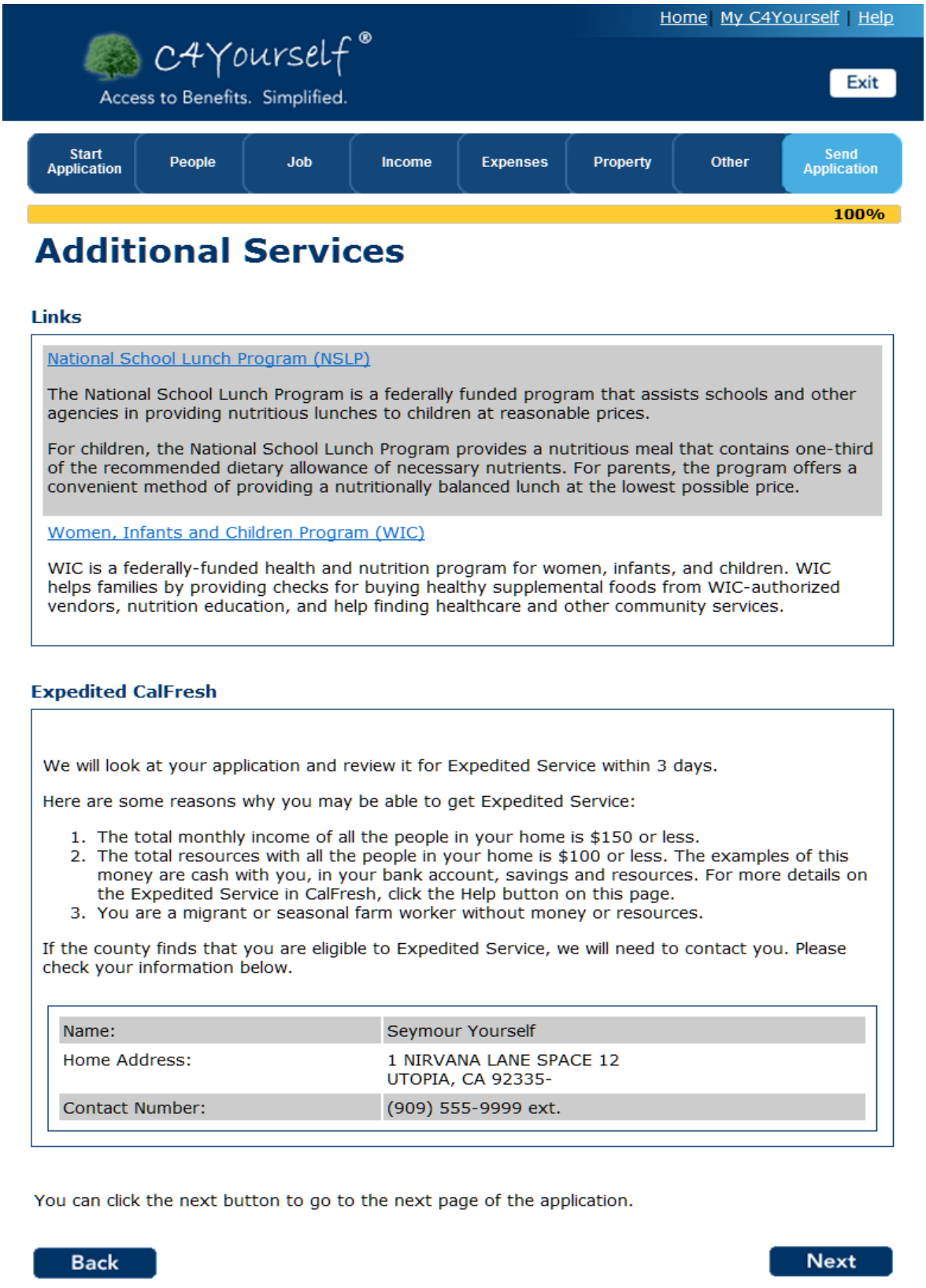
Application Summary

The **Application Summary** page allows you to check the information you entered before you send your application to the county.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
100%
Application Summary
You are almost done with your application. Here is your contact information.
Name:
Seymour Yourself
Home Address:
1 NIRVANA LANE SPACE 12
UTOPIA, CA 92335
Contact Number:
(909) 555-9999
You can click the Next button to go to the next page of the application. You can also look at the information you gave by clicking any of the blue links below. All the information will be used to see if you are eligible. The worker will look at the information before your meeting. The more information the worker has the better.
Your Information
People
Job
Income
Expenses
Property
Other
Back
Next

Each of the link texts will take you back to the selected section so you can check your answers. Once you've gone to a section the link text will change from blue to purple to help you keep track of which pages you have reviewed.

1. Click Next. A new **Additional Services** page appears with information about the National School Lunch Program (NSLP) and the Women, Infants, and Children Program (WIC). Depending on your situation and your answers, you may also see a message about Expedited CalFresh.

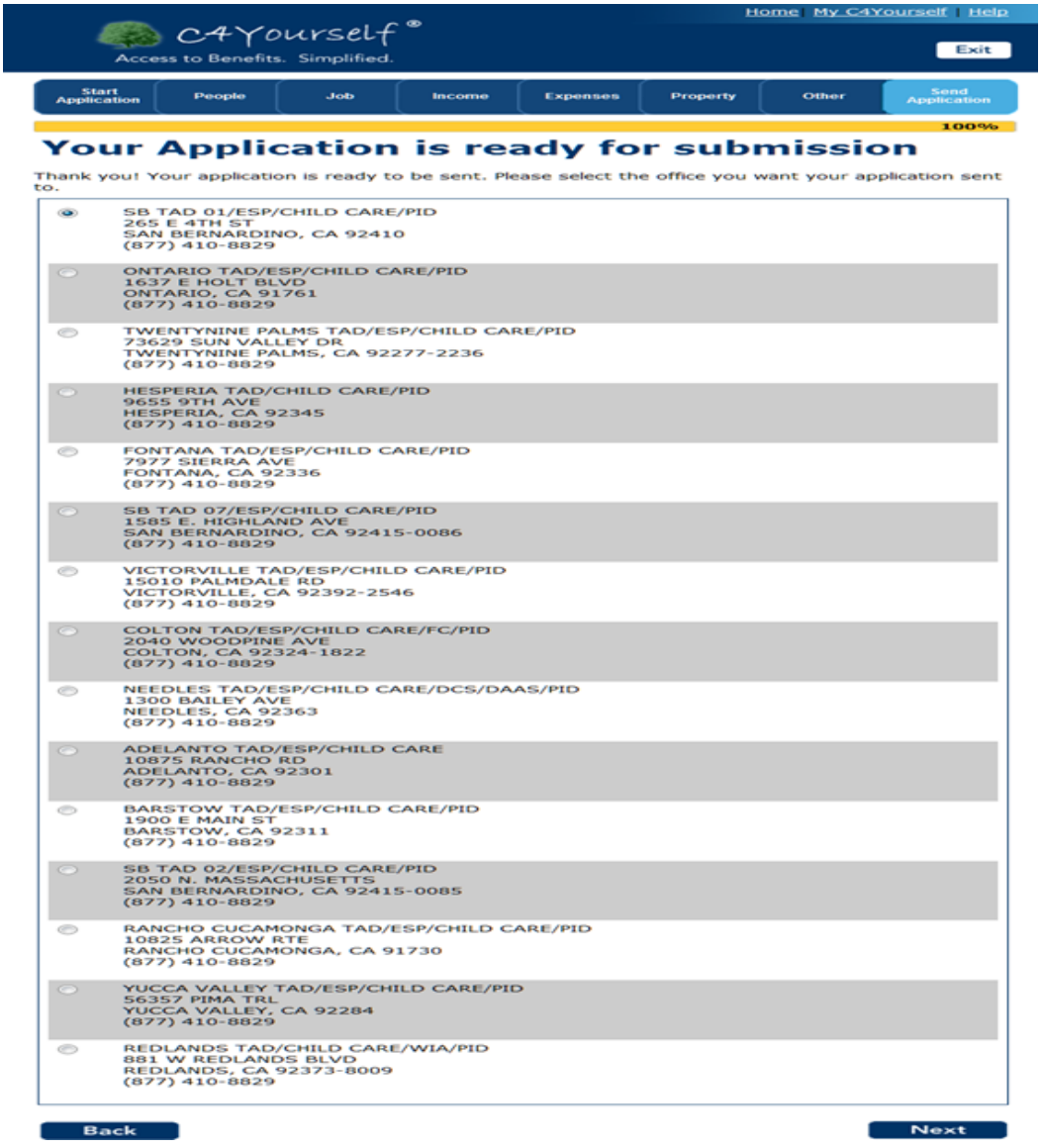

Home | My C4Yourself | Help
C4Yourself®
Access to Benefits. Simplified.
Exit
Start Application
People
Job
Income
Expenses
Property
Other
Send Application
100%
Additional Services
Links
National School Lunch Program (NSLP)
The National School Lunch Program is a federally funded program that assists schools and other agencies in providing nutritious lunches to children at reasonable prices.
For children, the National School Lunch Program provides a nutritious meal that contains one-third of the recommended dietary allowance of necessary nutrients. For parents, the program offers a convenient method of providing a nutritionally balanced lunch at the lowest possible price.
Women, Infants and Children Program (WIC)
WIC is a federally-funded health and nutrition program for women, infants, and children. WIC helps families by providing checks for buying healthy supplemental foods from WIC-authorized vendors, nutrition education, and help finding healthcare and other community services.
Expedited CalFresh
We will look at your application and review it for Expedited Service within 3 days.
Here are some reasons why you may be able to get Expedited Service:
1. The total monthly income of all the people in your home is $150 or less.
2. The total resources with all the people in your home is $100 or less. The examples of this money are cash with you, in your bank account, savings and resources. For more details on the Expedited Service in CalFresh, click the Help button on this page.
3. You are a migrant or seasonal farm worker without money or resources.
If the county finds that you are eligible to Expedited Service, we will need to contact you. Please check your information below.
Name: Seymour Yourself
Home Address: 1 NIRVANA LANE SPACE 12 UTOPIA, CA 92335-
Contact Number: (909) 555-9999 ext.
You can click the next button to go to the next page of the application.
Back
Next

2. Click **Next**. The **Your Application is ready for submission** page appears.

Your Application is ready for submission

The **Your Application is ready for submission** page will give you a listing of county welfare agencies in the county. The offices are listed based on proximity to your home address (closest to farthest). You can select any office that is convenient for you.

1. Select the office you want.



2. Click Next. The **Disclaimer** page appears.

Disclaimer/ Right, Responsibilities and Other Important Information

The **Disclaimer** page allows you to read and print your rights and responsibilities related to applying for public assistance**. It is important that you READ and UNDERSTAND your rights and responsibilities.**

Home | My C4Yourself | Help
C4Yourself®
Access to Benefits. Simplified.
Exit
Start Application
People
Job
Income
Expenses
Property
Other
Send Application
Disclaimer
Print
Read all the information below very carefully. When you have reached the end of the information, check the checkbox on the bottom to indicate that you have read all of the information and agree to the Terms and Conditions provided.
I understand that one of the intended purposes for the cash aid is to help meet the basic needs of my family, including housing, food, clothing.
I understand my rights and responsibilities and agree to comply with my responsibilities.
I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or CalFresh, and/or my Medi-Cal/34-County CMSP share of cost.
I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A QR).
I also certify that if I applied for Medi-Cal/34-County CMSP, I got a copy of the MC 219 /CMSP 219 and its contents were explained to me.
I have read the Rights, Responsibilities and other Important Information.
Back
Next

1. As you read, place your mouse on the scroll tab on the right side of the gray box and drag down to scroll through the entire document, or print it by clicking Print.
2. Check the box next to, "I have read the Rights, Responsibilities and other Important Information". ***THIS BOX CAN ONLY BE CHECKED WHEN YOU ARE AT THE BOTTOM OF THE RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION PAGE***.
3. Click Next. The **E-Signature** page appears.

E-Signature

The **E-Signature** page allows you to create an electronic signature account so you can sign documents that you submit over the internet. Signing a document with an **eSign User Name** and **eSign PIN** is the same as writing your name on a paper document. These eSign IDs are not the same as the C4Yourself login User Name and Password.

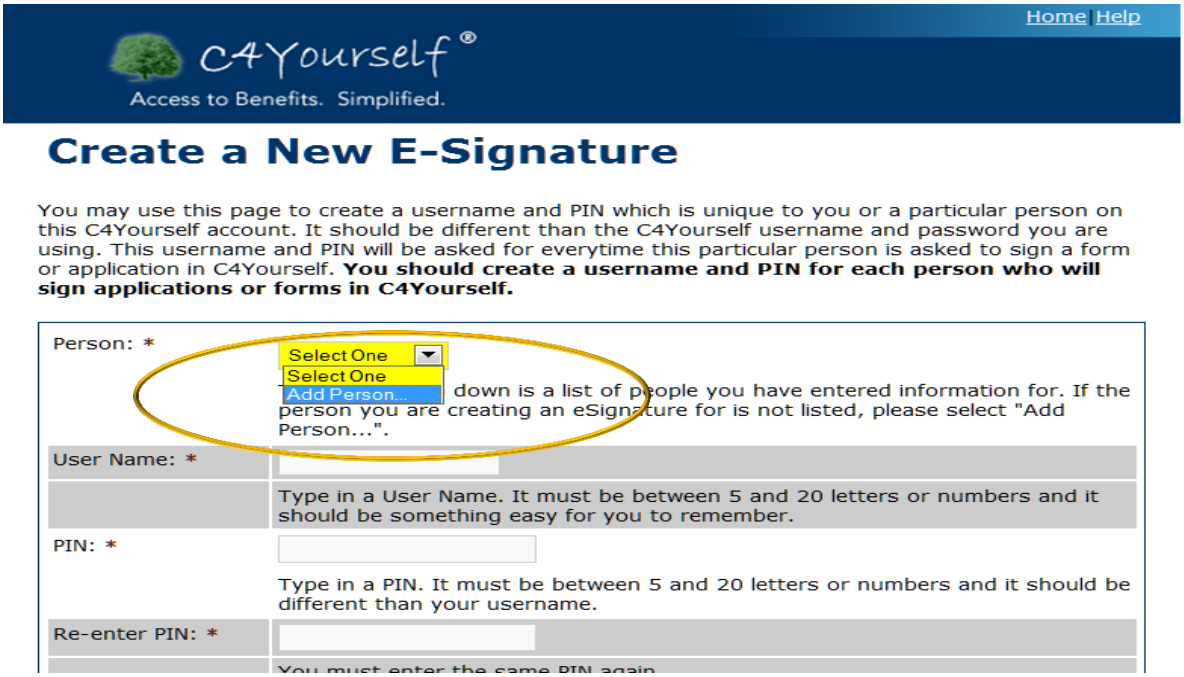
It is important to know that you are signing under the penalty of perjury. This means that you are saying that all the information you gave is true.

Creating a New e-Signature

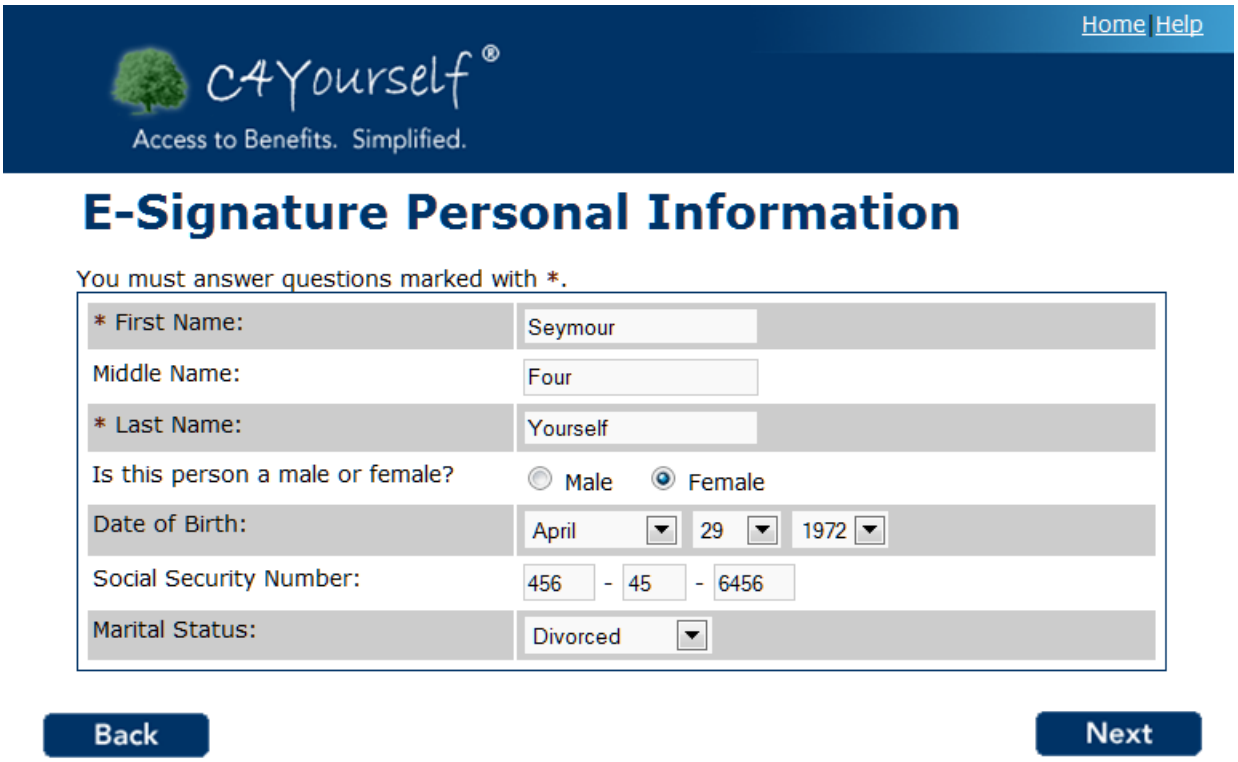
The first time you submit an application through C4Yourself you need to create an e-Signature account by setting up an **eSign User Name** and an **eSign PIN**. A separate and unique **eSign Username** and **eSign PIN** is needed for each person who signs the document. Typically, each adult who is applying for assistance must sign the application.

Once you create an **e-Signature** account for each person; their name will appear in the **Person** drop-down list on the signature part of any document that accepts an e-Signature.

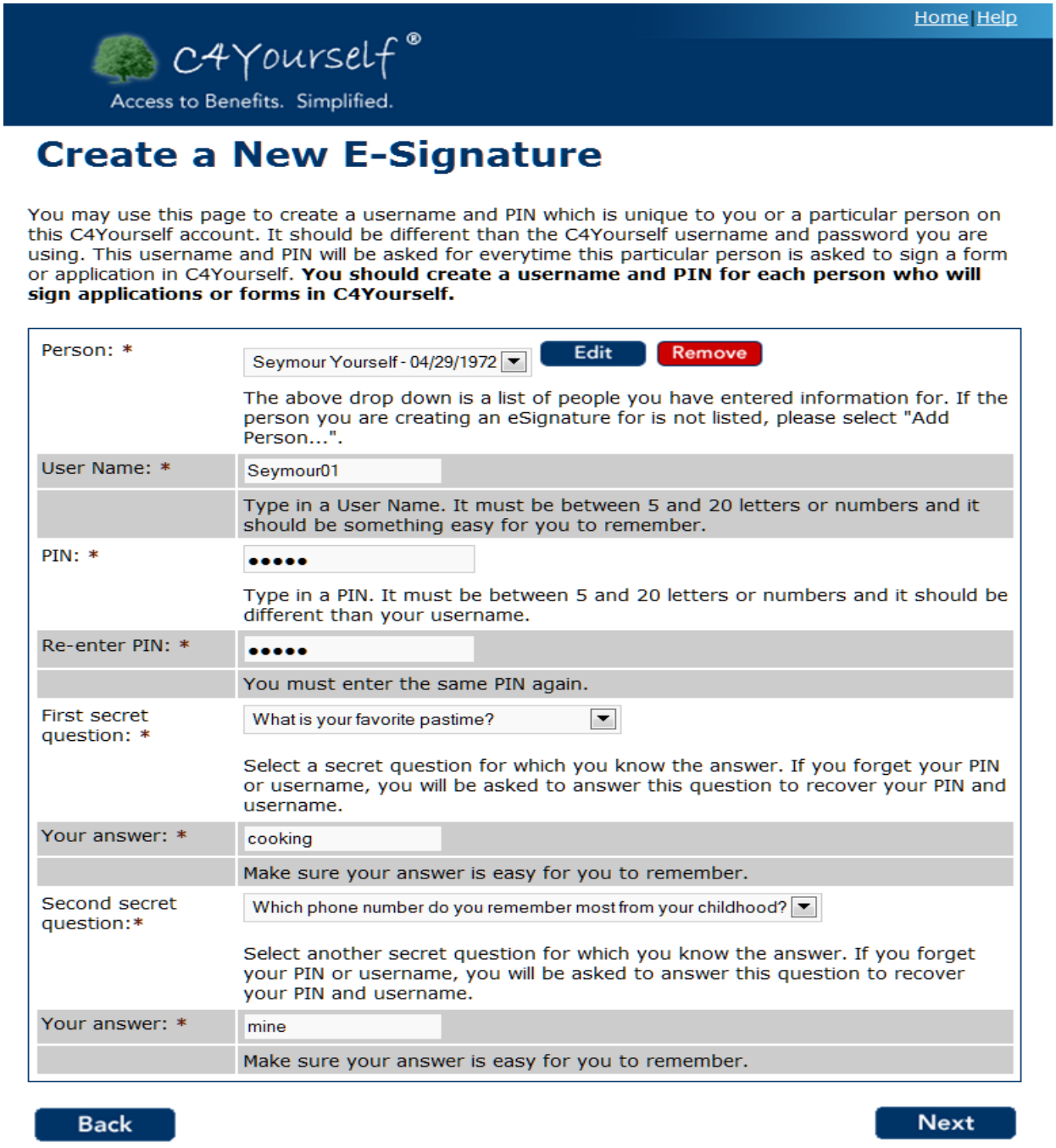
1. Read all the information on this page.
2. Select “Create New E-Signature” from the Name drop-down.
3. The **Create a New E-Signature** page appears.


Home | Help
C4Yourself®
Access to Benefits. Simplified.
Create a New E-Signature
You may use this page to create a username and PIN which is unique to you or a particular person on this C4Yourself account. It should be different than the C4Yourself username and password you are using. This username and PIN will be asked for everytime this particular person is asked to sign a form or application in C4Yourself. You should create a username and PIN for each person who will sign applications or forms in C4Yourself.
Person: *
Select One
Select One
Add Person...
down is a list of people you have entered information for. If the person you are creating an eSignature for is not listed, please select "Add Person...".
User Name: *
Type in a User Name. It must be between 5 and 20 letters or numbers and it should be something easy for you to remember.
PIN: *
Type in a PIN. It must be between 5 and 20 letters or numbers and it should be different than your username.
Re-enter PIN: *

4. Select "**Add Person**". The **E-Signature Personal Information** page appears.

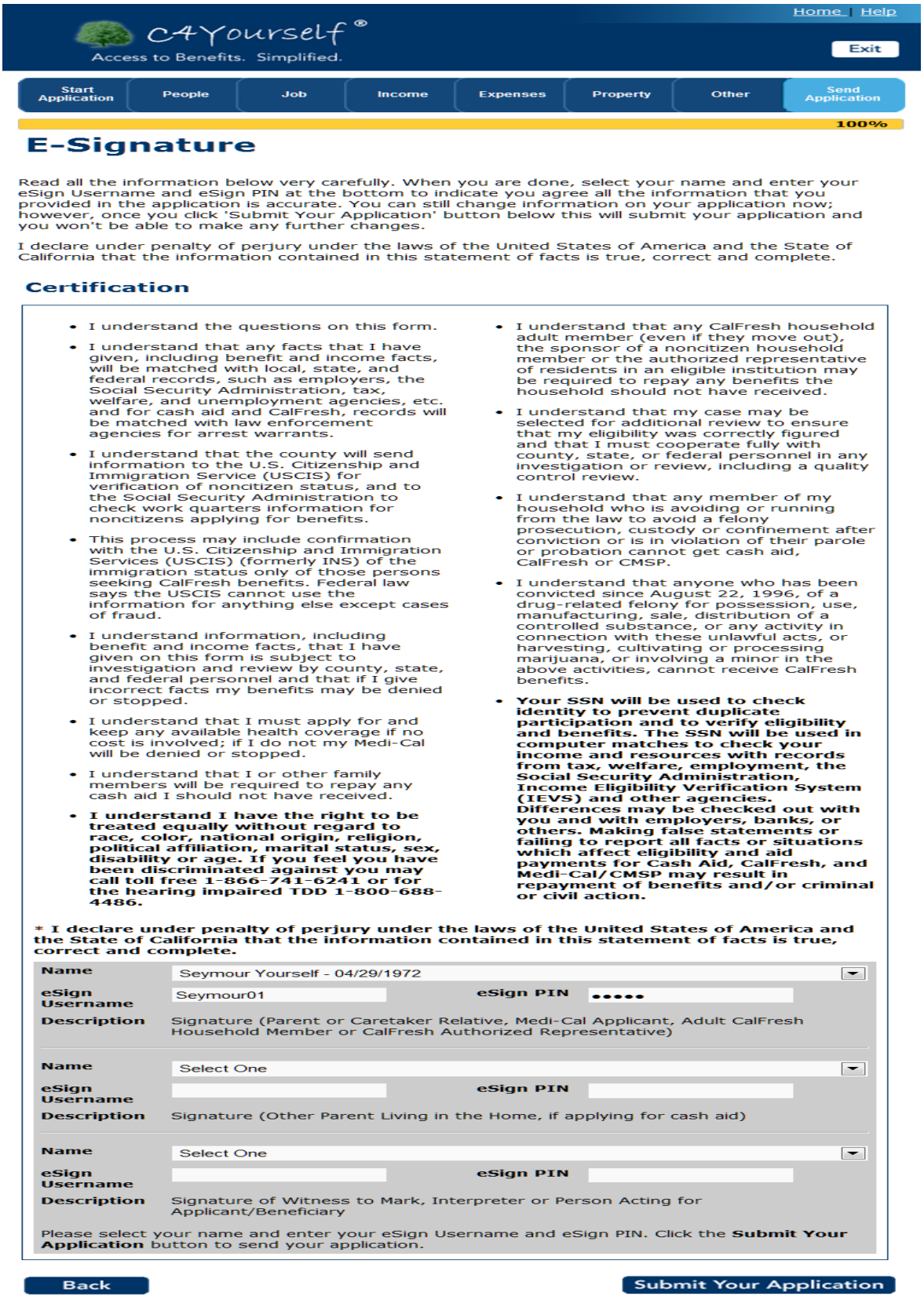

Home | Help
C4Yourself®
Access to Benefits. Simplified.
E-Signature Personal Information
You must answer questions marked with *.
* First Name: Seymour
Middle Name: Four
* Last Name: Yourself
Is this person a male or female? Male Female
Date of Birth: April 29 1972
Social Security Number: 456 - 45 - 6456
Marital Status: Divorced
Back
Next

5. Enter the requested information and click Next. The **Create New E-Signature** page appears with your name now available in the **Person*** drop-down.


Home | Help
C4Yourself®
Access to Benefits. Simplified.
Create a New E-Signature
You may use this page to create a username and PIN which is unique to you or a particular person on this C4Yourself account. It should be different than the C4Yourself username and password you are using. This username and PIN will be asked for everytime this particular person is asked to sign a form or application in C4Yourself. You should create a username and PIN for each person who will sign applications or forms in C4Yourself.
Person: *
Seymour Yourself - 04/29/1972
Edit
Remove
The above drop down is a list of people you have entered information for. If the person you are creating an eSignature for is not listed, please select "Add Person...".
User Name: *
Seymour01
Type in a User Name. It must be between 5 and 20 letters or numbers and it should be something easy for you to remember.
PIN: *
Type in a PIN. It must be between 5 and 20 letters or numbers and it should be different than your username.
Re-enter PIN: *
You must enter the same PIN again.
First secret question: *
What is your favorite pastime?
Select a secret question for which you know the answer. If you forget your PIN or username, you will be asked to answer this question to recover your PIN and username.
Your answer: *
cooking
Make sure your answer is easy for you to remember.
Second secret question:*
Which phone number do you remember most from your childhood?
Select another secret question for which you know the answer. If you forget your PIN or username, you will be asked to answer this question to recover your PIN and username.
Your answer: *
mine
Make sure your answer is easy for you to remember.
Back
Next

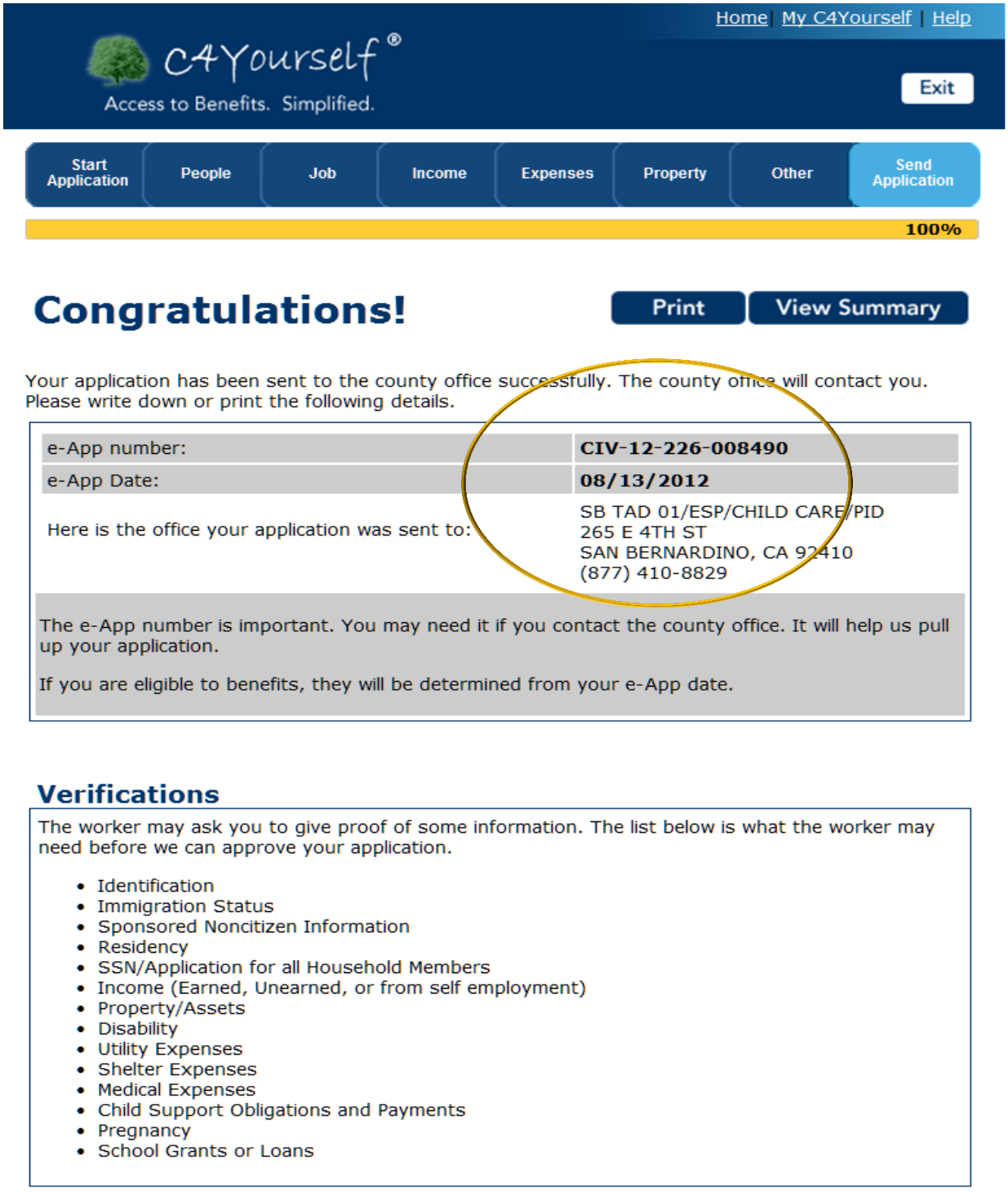
6. Following the instructions on the page, create an **eSign User Name** and **eSign PIN.** You will use these two items to sign your application electronically and any future documents you complete in C4Yourself. Make sure they are easy to remember. They are case sensitive.

7. Click Next. The **E-Signature** page appears.


Home | Help
C4Yourself®
Access to Benefits. Simplified.
Exit
Start Application
People
Job
Income
Expenses
Property
Other
Send Application
100%
E-Signature
Read all the information below very carefully. When you are done, select your name and enter your eSign Username and eSign PIN at the bottom to indicate you agree all the information that you provided in the application is accurate. You can still change information on your application now; however, once you click 'Submit Your Application' button below this will submit your application and you won't be able to make any further changes.
I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.
Certification
I understand the questions on this form.
I understand that any facts that I have given, including benefit and income facts, will be matched with local, state, and federal records, such as employers, the Social Security Administration, tax, welfare, and unemployment agencies, etc. and for cash aid and CalFresh, records will be matched with law enforcement agencies for arrest warrants.
I understand that the county will send information to the U.S. Citizenship and Immigration Service (USCIS) for verification of noncitizen status, and to the Social Security Administration to check work quarters information for noncitizens applying for benefits.
This process may include confirmation with the U.S. Citizenship and Immigration Services (USCIS) (formerly INS) of the immigration status only of those persons seeking CalFresh benefits. Federal law says the USCIS cannot use the information for anything else except cases of fraud.
I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by county, state, and federal personnel and that if I give incorrect facts my benefits may be denied or stopped.
I understand that I must apply for and keep any available health coverage if no cost is involved; if I do not my Medi-Cal will be denied or stopped.
I understand that I or other family members will be required to repay any cash aid I should not have received.
I understand I have the right to be treated equally without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability or age. If you feel you have been discriminated against you may call toll free 1-866-741-6241 or for the hearing impaired TDD 1-800-688-4486.
I understand that any CalFresh household adult member (even if they move out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.
I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state, or federal personnel in any investigation or review, including a quality control review.
I understand that any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or is in violation of their parole or probation cannot get cash aid, CalFresh or CMSP.
I understand that anyone who has been convicted since August 22, 1996, of a drug-related felony for possession, use, manufacturing, sale, distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive CalFresh benefits.
Your SSN will be used to check identity to prevent duplicate participation and to verify eligibility and benefits. The SSN will be used in computer matches to check your income and resources with records from tax, welfare, employment, the Social Security Administration, Income Eligibility Verification System (IEVS) and other agencies. Differences may be checked out with you and with employers, banks, or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for Cash Aid, CalFresh, and Medi-Cal/CMSP may result in repayment of benefits and/or criminal or civil action.
* I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.
Name
Seymour Yourself - 04/29/1972
eSign Username
Seymour01
eSign PIN
Description
Signature (Parent or Caretaker Relative, Medi-Cal Applicant, Adult CalFresh Household Member or CalFresh Authorized Representative)
Name
Select One
eSign Username
eSign PIN
Description
Signature (Other Parent Living in the Home, if applying for cash aid)
Name
Select One
eSign Username
eSign PIN
Description
Signature of Witness to Mark, Interpreter or Person Acting for Applicant/Beneficiary
Please select your name and enter your eSign Username and eSign PIN. Click the Submit Your Application button to send your application.
Back
Submit Your Application

8. Select you name from the **Name** drop-down, Enter your **eSign Username** and **eSign PIN**.

9. Click Submit Your Application. The **Congratulations** page appears.


Home | My C4Yourself | Help
C4Yourself®
Access to Benefits. Simplified.
Exit
Start Application
People
Job
Income
Expenses
Property
Other
Send Application
100%
Congratulations!
Print
View Summary
Your application has been sent to the county office successfully. The county office will contact you.
Please write down or print the following details.
e-App number:
CIV-12-226-008490
e-App Date:
08/13/2012
Here is the office your application was sent to:
SB TAD 01/ESP/CHILD CARE/PID
265 E 4TH ST
SAN BERNARDINO, CA 92410
(877) 410-8829
The e-App number is important. You may need it if you contact the county office. It will help us pull up your application.
If you are eligible to benefits, they will be determined from your e-App date.
Verifications
The worker may ask you to give proof of some information. The list below is what the worker may need before we can approve your application.
Identification
Immigration Status
Sponsored Noncitizen Information
Residency
SSN/Application for all Household Members
Income (Earned, Unearned, or from self employment)
Property/Assets
Disability
Utility Expenses
Shelter Expenses
Medical Expenses
Child Support Obligations and Payments
Pregnancy
School Grants or Loans

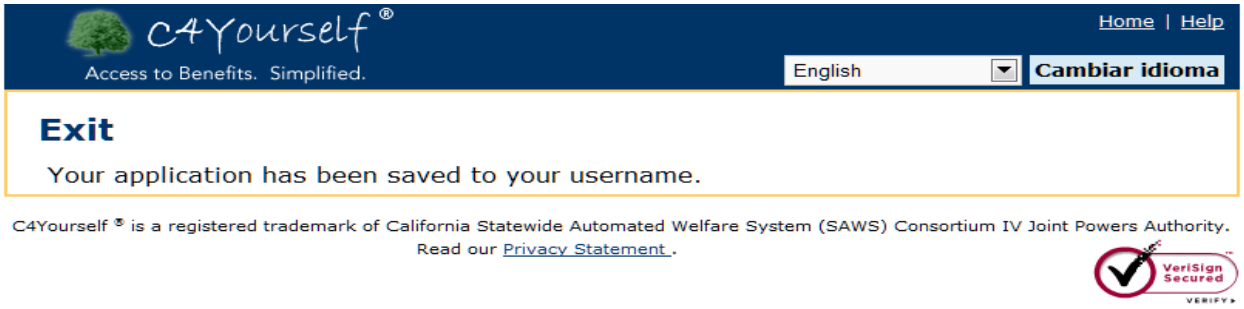
This page lets you know that your signed application information has been sent to the county office you chose and gives you an **e-App Number**.

> ***Important Note:*** **The e-App Number is important information you should keep because you may need it if you contact the county for any reason.**

10. To print this page click Print.

11. To see a summary of all the information you entered click View Summary. The **Print** button on the **Your Information** summary page will print all the information you entered as well as the Rights. Responsibilities and Other Important Information. It is recommended that you keep a copy for your records.

12. Click Exit on the top of the page. You will see the following message.


C4Yourself ®
Access to Benefits. Simplified.
Home | Help
English
Cambiar idioma
Exit
Your application has been saved to your username.
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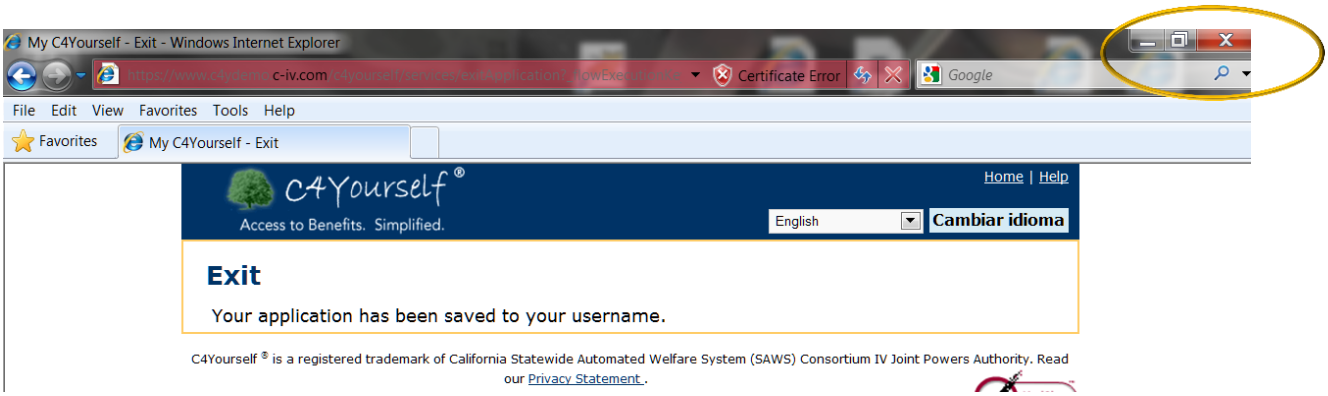
Read our Privacy Statement .
VeriSign Secured

Click the **X** in the upper right hand corner of the screen. The C4Yourself on-line e-Application closes.


My C4Yourself - Exit - Windows Internet Explorer
Certificate Error
Google
File Edit View Favorites Tools Help
Favorites
My C4Yourself - Exit
C4Yourself ®
Access to Benefits. Simplified.
Home | Help
English
Cambiar idioma
Exit
Your application has been saved to your username.
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What else will having a C4Yourself Account will do for Me?

Even if you did not apply for public assistance through the C4Yourself on-line e-Application, you can use it to:

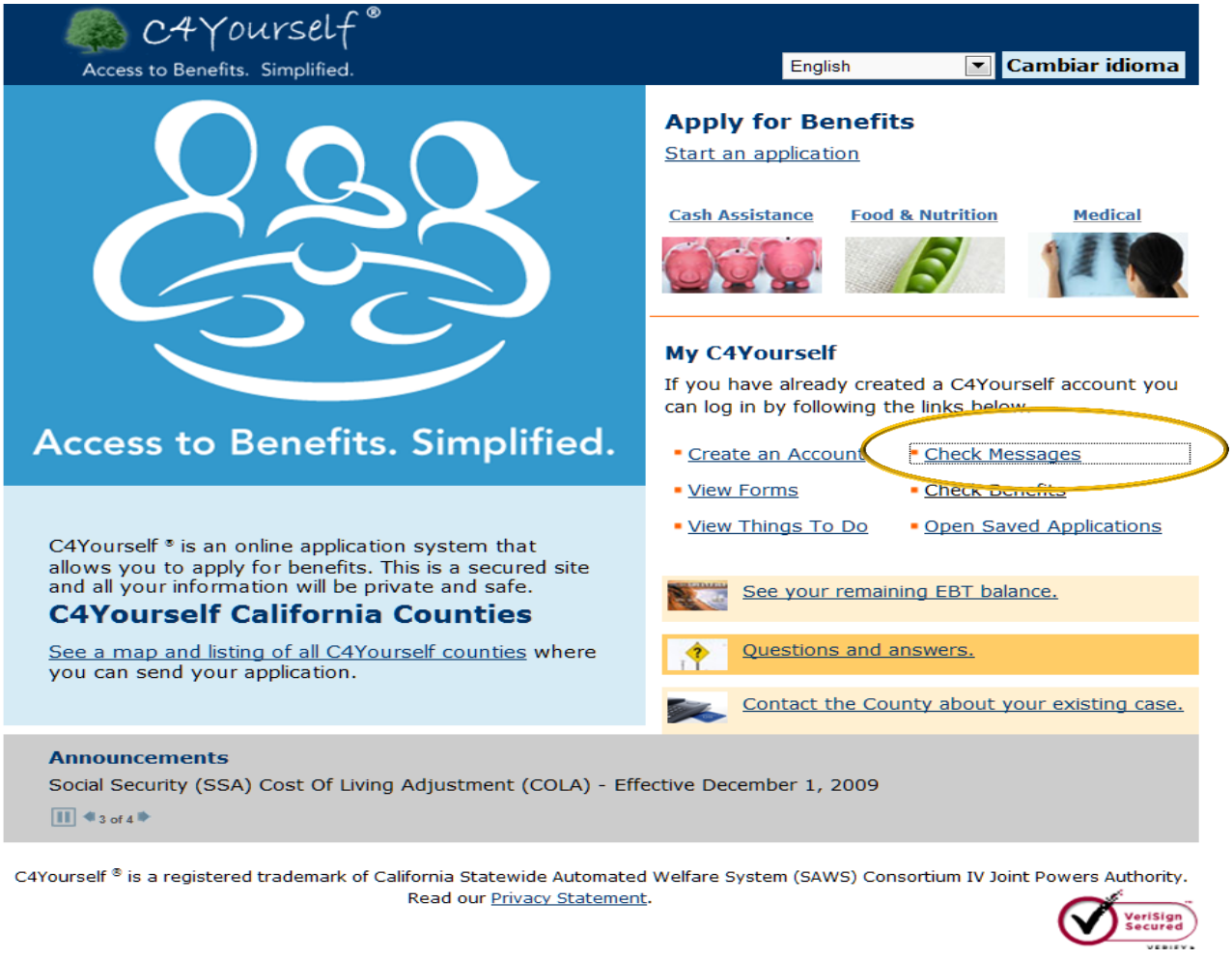
- View Messages from the County
- Manage your C4Yourself Account, including:
  - Manage your profile
  - Register with your county
  - Deregister from your county
- Manage your Applications, including:
  - Renew/Recertify your benefits
  - Start a new application
  - Finish Saved/Incomplete/ un-submitted applications
  - Add missing application information
  - See prior applications
- Manage Forms and Status Reports
  - Sign a Statement of Facts (SAWS2)
  - See Pending Verifications
  - Complete a Status Report
  - Report changes

- Check your current Benefits
- View Forms that your complete, print and mail, fax or drop off at your local office.
- Send forms electronically (upload) to the county
- See and access applications that you have submitted in the past, or submitted but are missing information, and
- Start a new application.

My Messages

There are many reasons a Case Manager may need to send you a message. Your C4Yourself account allows you to get messages from the County safely and securely. When you give the county your e-mail address, you will get an email letting you know a message for you has been posted to C4Yourself. You can then login to C4Yourself to get the message.

1. Click the **Check Messages** link text on the C4Yourself home page. The **Login** page appears.


C4Yourself®
Access to Benefits. Simplified.
English
Cambiar idioma
Access to Benefits. Simplified.
Apply for Benefits
Start an application
Cash Assistance
Food & Nutrition
Medical
My C4Yourself
If you have already created a C4Yourself account you can log in by following the links below.
Create an Account
Check Messages
View Forms
Check Benefits
View Things To Do
Open Saved Applications
C4Yourself ® is an online application system that allows you to apply for benefits. This is a secured site and all your information will be private and safe.
C4Yourself California Counties
See a map and listing of all C4Yourself counties where you can send your application.
See your remaining EBT balance.
Questions and answers.
Contact the County about your existing case.
Announcements
Social Security (SSA) Cost Of Living Adjustment (COLA) - Effective December 1, 2009
3 of 4
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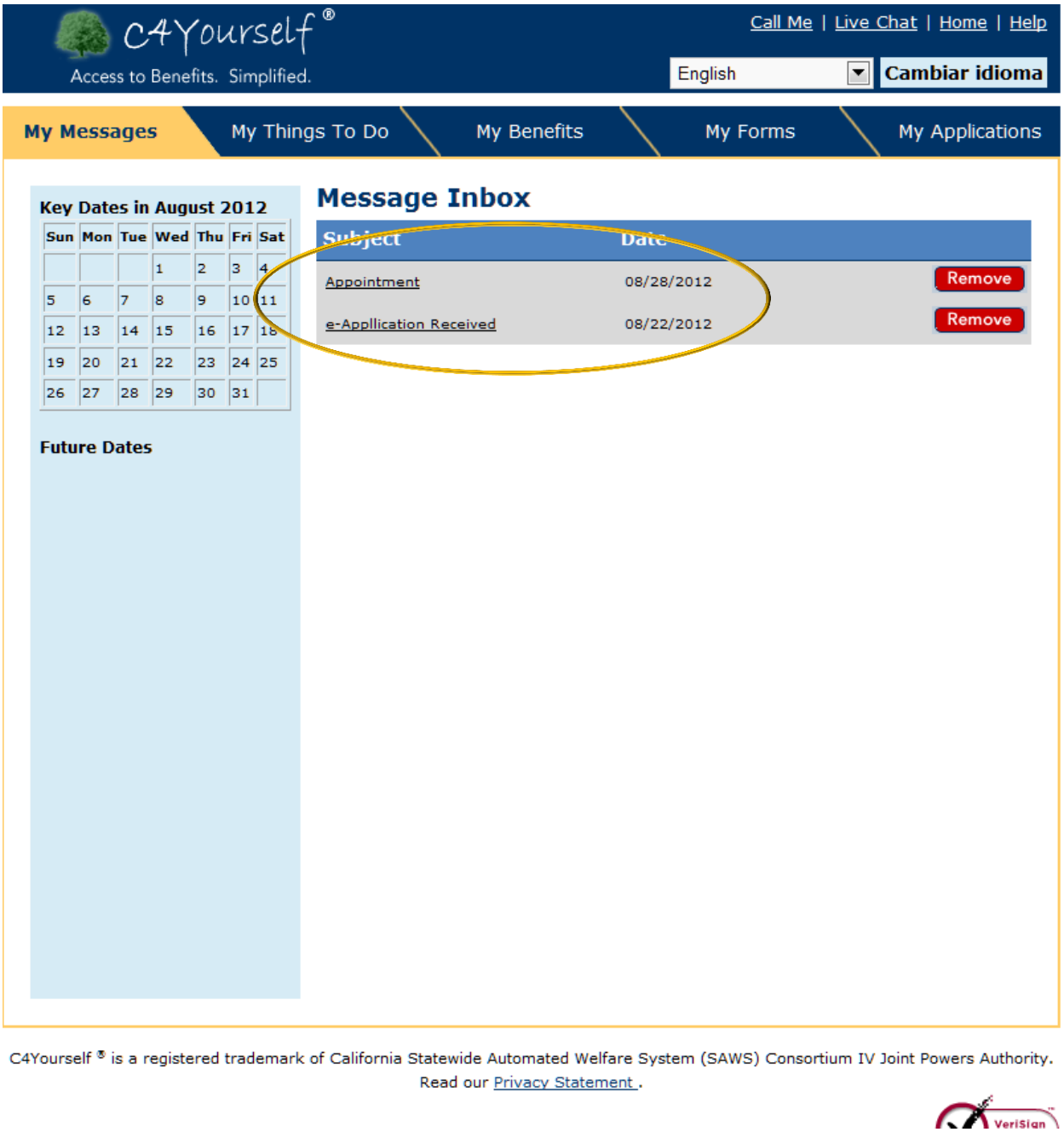
Read our Privacy Statement.
VeriSign Secured

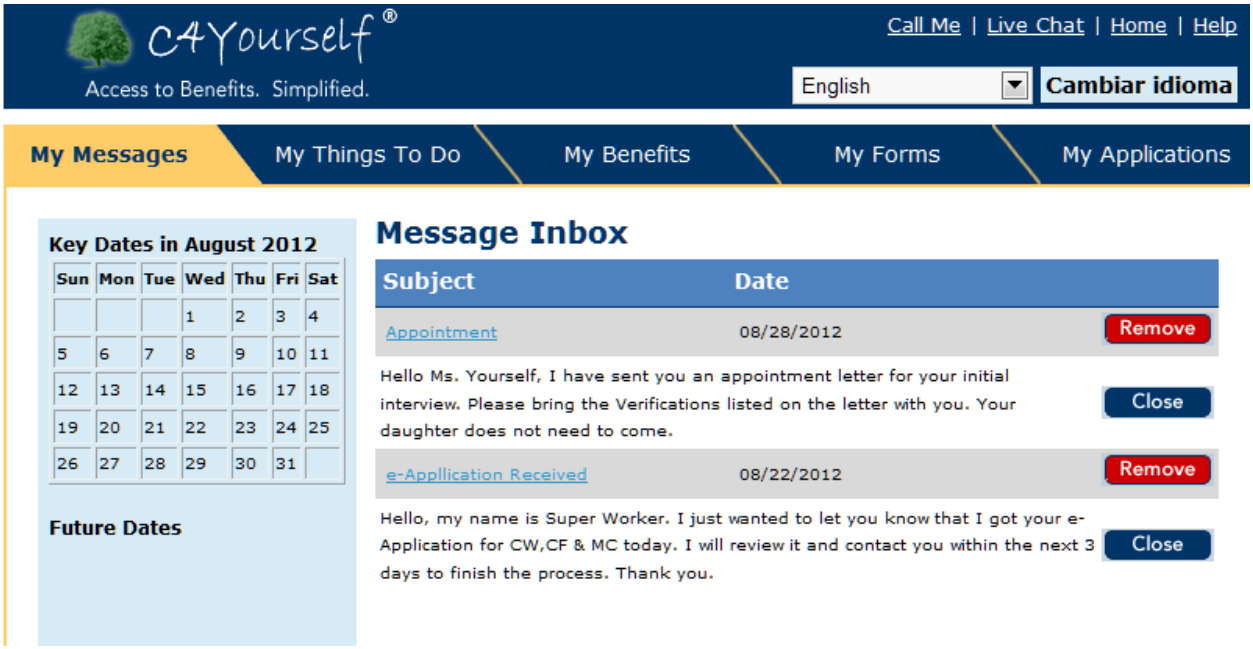
2. Enter your C4Yourself User Account information.

3. Click Next, the **My Messages** page appears.



Messages are listed by date with the Subject as a link.

4. Click the Subject link text. The message will appear.


C4Yourself®
Access to Benefits. Simplified.
Call Me | Live Chat | Home | Help
English
Cambiar idioma
My Messages
My Things To Do
My Benefits
My Forms
My Applications
Key Dates in August 2012
Sun Mon Tue Wed Thu Fri Sat
1 2 3 4
5 6 7 8 9 10 11
12 13 14 15 16 17 18
19 20 21 22 23 24 25
26 27 28 29 30 31
Future Dates
Message Inbox
Subject
Date
Appointment
08/28/2012
Remove
Hello Ms. Yourself, I have sent you an appointment letter for your initial interview. Please bring the Verifications listed on the letter with you. Your daughter does not need to come.
Close
e-Appllication Received
08/22/2012
Remove
Hello, my name is Super Worker. I just wanted to let you know that I got your e-Application for CW,CF & MC today. I will review it and contact you within the next 3 days to finish the process. Thank you.
Close

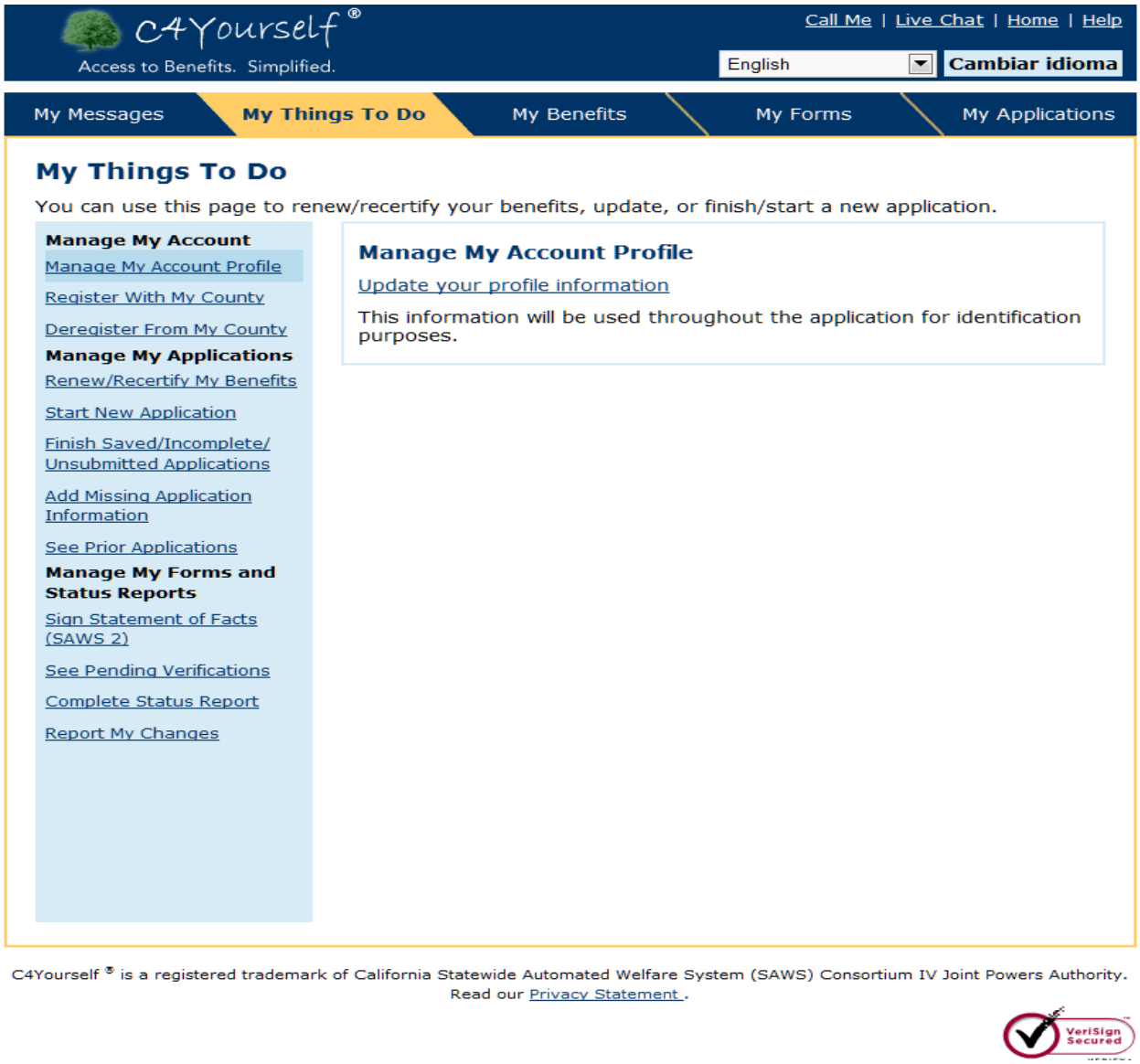
Once you've read a message you have the choice to remove it or the simply close it by clicking Remove or Close.

Key Dates

The **Key Dates Calendar** shows the days the County will be closed for Holidays.

My Things to Do

You can use this page to manage your C4Yourself account, manage you applications, and manage forms and status reports. When you click the link text in the blue column on the left side of the page, you will see a short explanation on the right side.

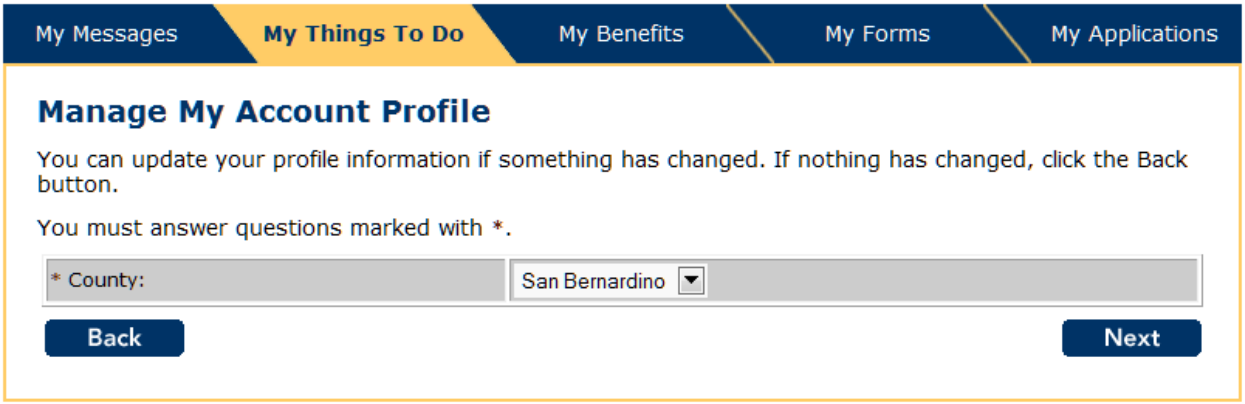

C4Yourself ®
Access to Benefits. Simplified.
Call Me | Live Chat | Home | Help
English
Cambiar idioma
My Messages
My Things To Do
My Benefits
My Forms
My Applications
My Things To Do
You can use this page to renew/recertify your benefits, update, or finish/start a new application.
Manage My Account
Manage My Account Profile
Register With My County
Deregister From My County
Manage My Applications
Renew/Recertify My Benefits
Start New Application
Finish Saved/Incomplete/ Unsubmitted Applications
Add Missing Application Information
See Prior Applications
Manage My Forms and Status Reports
Sign Statement of Facts (SAWS 2)
See Pending Verifications
Complete Status Report
Report My Changes
Manage My Account Profile
Update your profile information
This information will be used throughout the application for identification purposes.
C4Yourself ® is a registered trademark of California Statewide Automated Welfare System (SAWS) Consortium IV Joint Powers Authority.
Read our Privacy Statement .
VeriSign Secured

Manage My Account

Manager My Account Profile

At this time, the county selection only controls the links that appear for the Call Me and Live Chat functions.

1. Click the **Update your profile information** link text. The **Manage My Account Profil**e page appears.



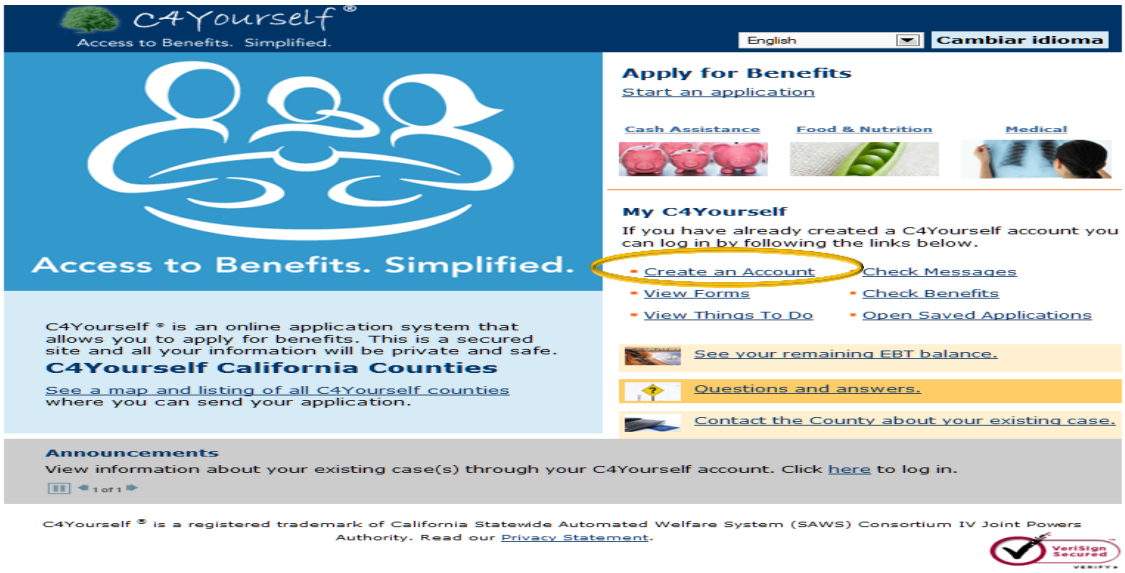
Register with My County

If you have an active case in C-IV but did not apply through C4Yourself, you can use this process to register with your C-IV County. Once registered, you can use C4Yourself to view your benefits, report changes, and get messages, etc., by linking your C4Yourself account to your active C-IV case.

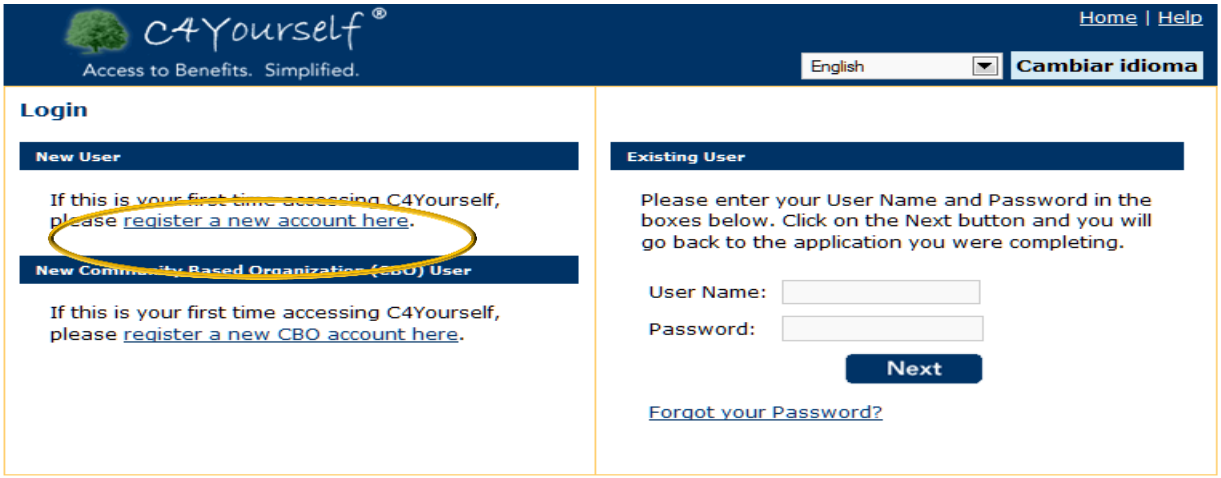
Because our sample family applied through C4Yourself, they're already registered with San Bernardino County. We will use a different sample case for this example.

Create a C4Yourself User Account

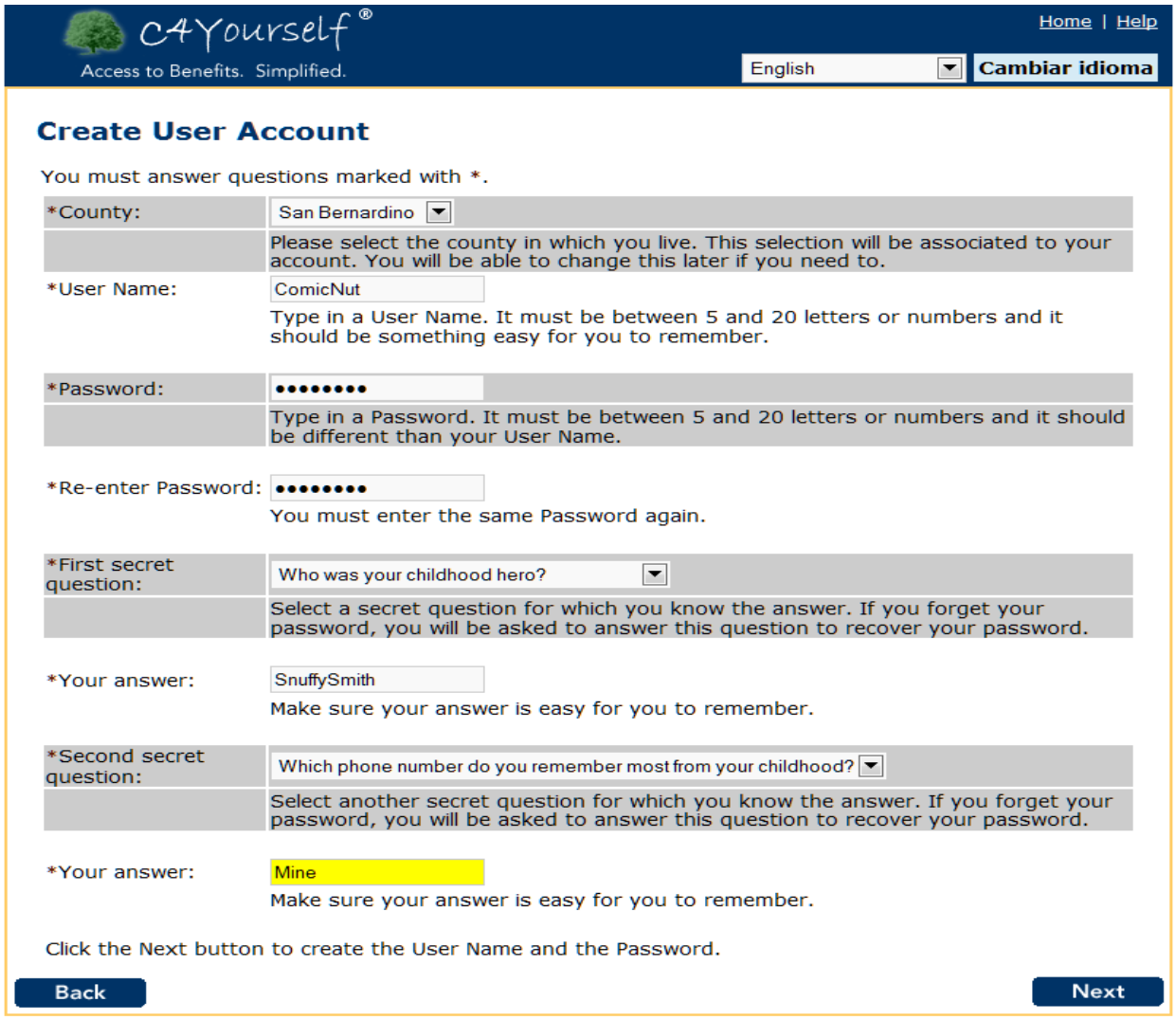
1. On the **C4Yourself Home** page, click the Create an Account link text. The C4Yourself **Login** page appears.


C4Yourself®
Access to Benefits. Simplified.
English
Cambiar idioma
Access to Benefits. Simplified.
C4Yourself ® is an online application system that allows you to apply for benefits. This is a secured site and all your information will be private and safe.
C4Yourself California Counties
See a map and listing of all C4Yourself counties where you can send your application.
Apply for Benefits
Start an application
Cash Assistance
Food & Nutrition
Medical
My C4Yourself
If you have already created a C4Yourself account you can log in by following the links below.
Create an Account
Check Messages
View Forms
Check Benefits
View Things To Do
Open Saved Applications
See your remaining EBT balance.
Questions and answers.
Contact the County about your existing case.
Announcements
View information about your existing case(s) through your C4Yourself account. Click here to log in.
C4Yourself ® is a registered trademark of California Statewide Automated Welfare System (SAWS) Consortium IV Joint Powers Authority. Read our Privacy Statement.

2. Click the **register a new account** link text.

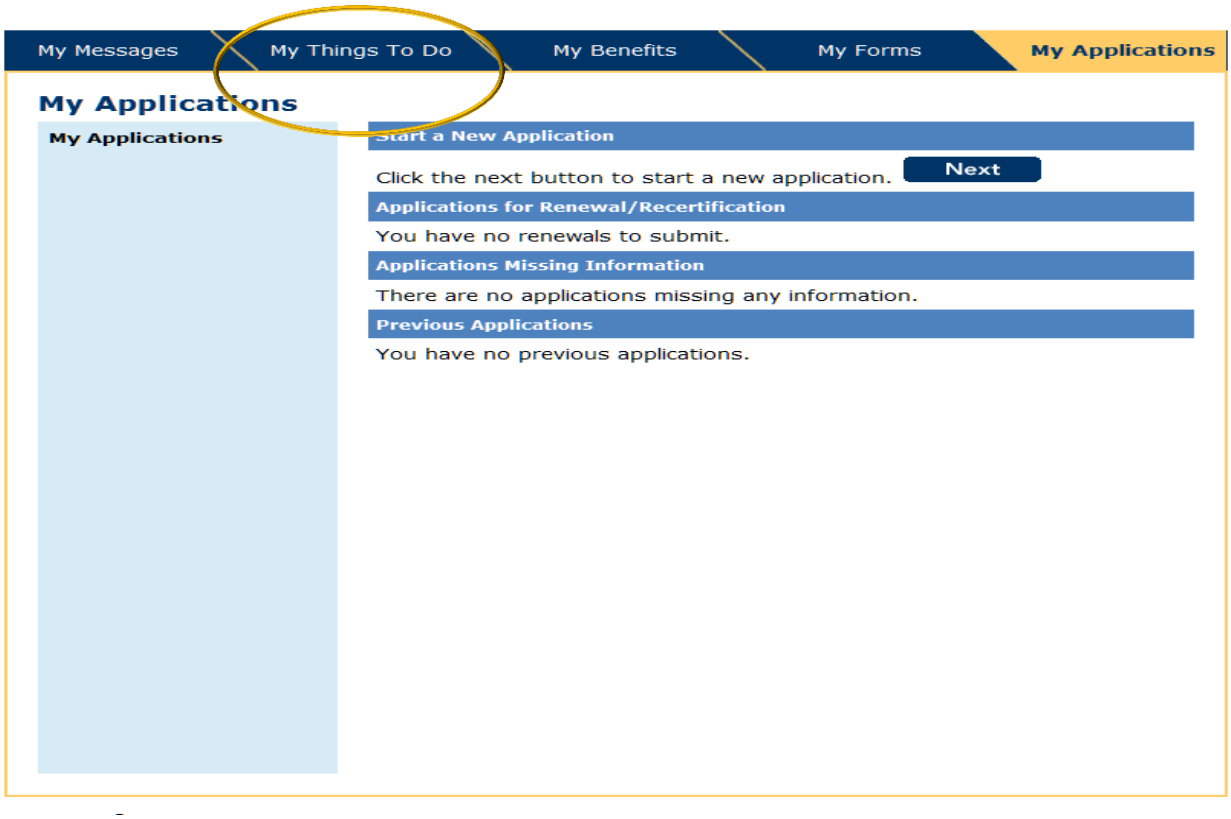

C4Yourself®
Access to Benefits. Simplified.
Home | Help
English
Cambiar idioma
Login
New User
If this is your first time accessing C4Yourself, please register a new account here.
New Community Based Organization (CBO) User
If this is your first time accessing C4Yourself, please register a new CBO account here.
Existing User
Please enter your User Name and Password in the boxes below. Click on the Next button and you will go back to the application you were completing.
User Name:
Password:
Next
Forgot your Password?

3. On the **Create User Account** page, enter all the information requested.


C4Yourself®
Access to Benefits. Simplified.
Home | Help
English
Cambiar idioma
Create User Account
You must answer questions marked with *.
*County:
San Bernardino
Please select the county in which you live. This selection will be associated to your account. You will be able to change this later if you need to.
*User Name:
ComicNut
Type in a User Name. It must be between 5 and 20 letters or numbers and it should be something easy for you to remember.
*Password:
Type in a Password. It must be between 5 and 20 letters or numbers and it should be different than your User Name.
*Re-enter Password:
You must enter the same Password again.
*First secret question:
Who was your childhood hero?
Select a secret question for which you know the answer. If you forget your password, you will be asked to answer this question to recover your password.
*Your answer:
SnuffySmith
Make sure your answer is easy for you to remember.
*Second secret question:
Which phone number do you remember most from your childhood?
Select another secret question for which you know the answer. If you forget your password, you will be asked to answer this question to recover your password.
*Your answer:
Mine
Make sure your answer is easy for you to remember.
Click the Next button to create the User Name and the Password.
Back
Next

The User Name and Password are case sensitive. Make sure your User Name, Password, and secret questions & answers are easy for you to remember!

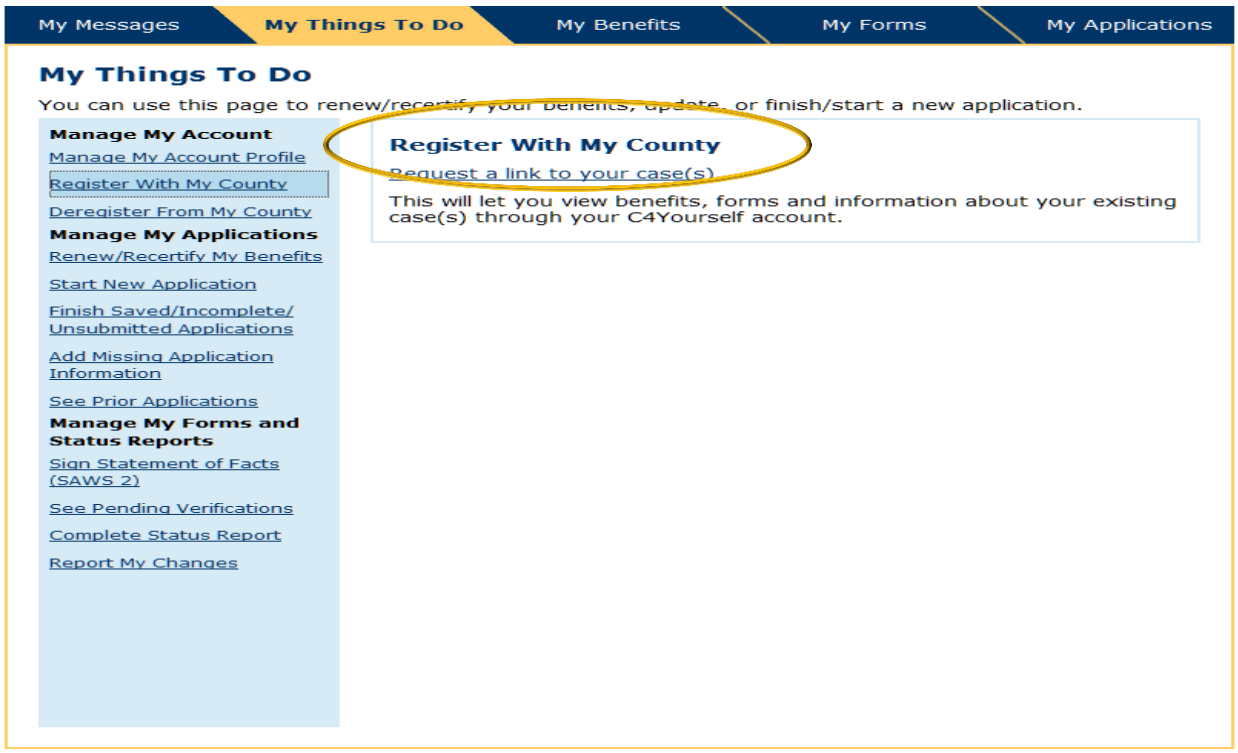
4. Click Next, the **My Applications** page appears.
5. Click the **My Things to Do** tab.



6. On the **My Things to Do** page. Click the **Register With My County** link text .

My Messages
My Things To Do
My Benefits
My Forms
My Applications
My Things To Do
You can use this page to renew/recertify your benefits, update, or finish/start a new application.
Manage My Account
Manage My Account Profile
Register With My County
Deregister From My County
Manage My Applications
Renew/Recertify My Benefits
Start New Application
Finish Saved/Incomplete/ Unsubmitted Applications
Add Missing Application Information
See Prior Applications
Manage My Forms and Status Reports
Sign Statement of Facts (SAWS 2)
See Pending Verifications
Complete Status Report
Report My Changes
Manage My Account Profile
Update your profile information
This information will be used throughout the application for identification purposes.

7. Click **the Request a link to your case(s)** link text.


My Messages
My Things To Do
My Benefits
My Forms
My Applications
My Things To Do
You can use this page to renew/recertify your benefits, update, or finish/start a new application.
Manage My Account
Manage My Account Profile
Register With My County
Deregister From My County
Manage My Applications
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Start New Application
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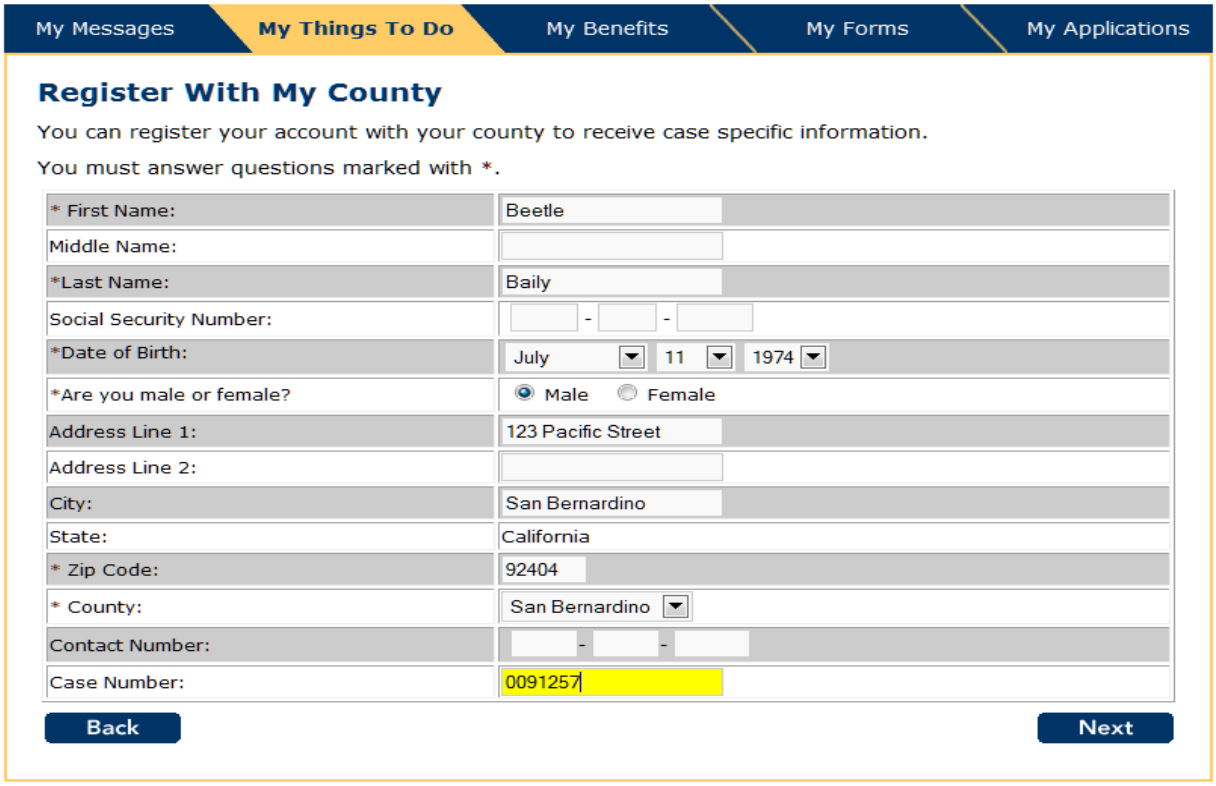
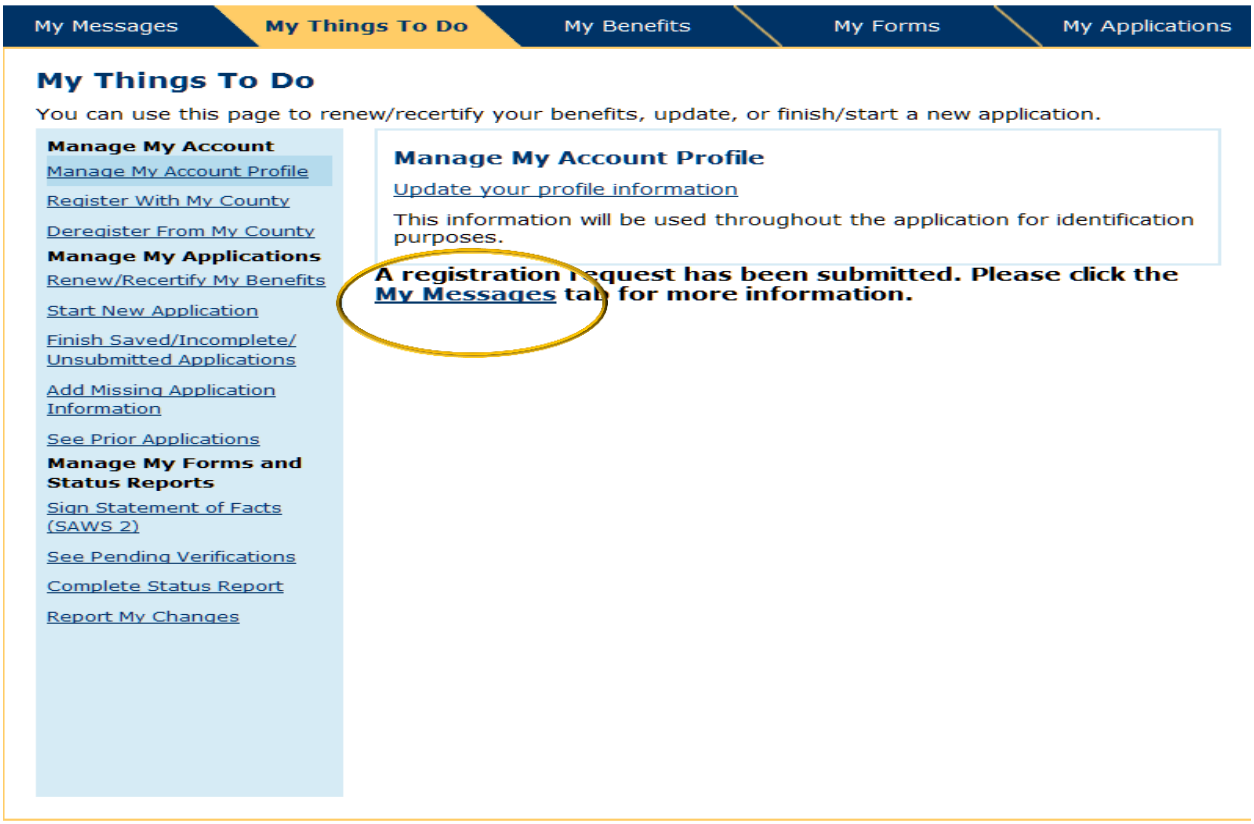
Add Missing Application Information
See Prior Applications
Manage My Forms and Status Reports
Sign Statement of Facts (SAWS 2)
See Pending Verifications
Complete Status Report
Report My Changes
Register With My County
Request a link to your case(s)
This will let you view benefits, forms and information about your existing case(s) through your C4Yourself account.

8. On the **Register With My County** page, enter all the required information. You will need your Case Number.

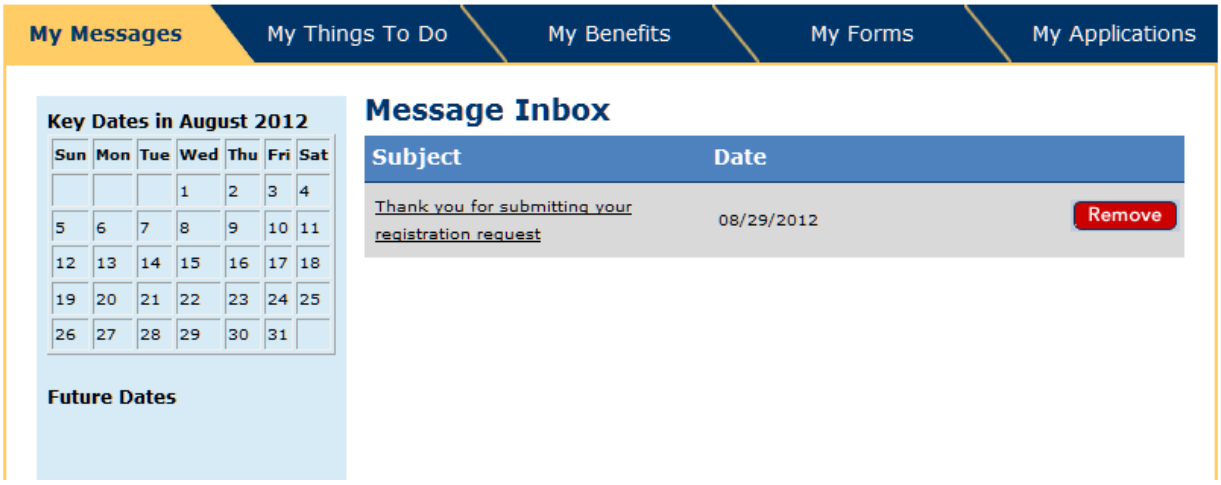


9. Click Next, the **Select an Office** page appears.

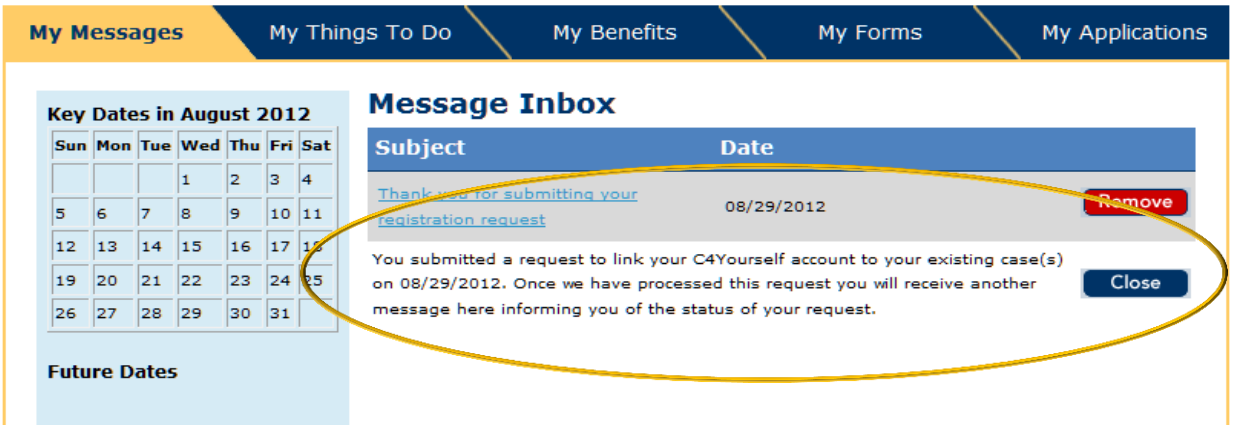
10. The Office that you Case in assigned to, will be selected. Click Next. The **My Things to Do** page appears.


My Messages
My Things To Do
My Benefits
My Forms
My Applications
My Things To Do
You can use this page to renew/recertify your benefits, update, or finish/start a new application.
Manage My Account
Manage My Account Profile
Register With My County
Deregister From My County
Manage My Applications
Renew/Recertify My Benefits
Start New Application
Finish Saved/Incomplete/ Unsubmitted Applications
Add Missing Application Information
See Prior Applications
Manage My Forms and Status Reports
Sign Statement of Facts (SAWS 2)
See Pending Verifications
Complete Status Report
Report My Changes
Manage My Account Profile
Update your profile information
This information will be used throughout the application for identification purposes.
A registration request has been submitted. Please click the My Messages tab for more information.

11. Click the **My Messages** link text. The **My Message** page appears with a message for you.



12. Click the subject link text, and the message appears.


My Messages
My Things To Do
My Benefits
My Forms
My Applications
Key Dates in August 2012
Sun Mon Tue Wed Thu Fri Sat
Future Dates
Message Inbox
Subject
Date
Thank you for submitting your registration request
08/29/2012
Remove
You submitted a request to link your C4Yourself account to your existing case(s) on 08/29/2012. Once we have processed this request you will receive another message here informing you of the status of your request.
Close

13. Click Close and the message disappears but is still available. Click Remove and the message disappears forever.

Deregister with My County

You can also, deregister or de-link your C4Yourself account from your active C-IV case.

Household Member Change

Example1: Let's say you and your husband have an active C-IV CW,FS & MC case. You created your C4Yourself User Account and shared the login information with your husband. He is now out of the home and off your C-IV case. To prevent him from having access to your case information such as; your new phone number, email address or physical address, you want to deregister your current C4Yourself User Account and create a new one.

1. Click the **View Things to Do** link text on the **C4Yourself Home** page. The Login page appears.

C4Yourself®
Access to Benefits. Simplified.
English
Cambiar idioma
Access to Benefits. Simplified.
Apply for Benefits
Start an application
Cash Assistance
Food & Nutrition
Medical
My C4Yourself
If you have already created a C4Yourself account you can log in by following the links below.
Create an Account
Check Messages
View Forms
Check Benefits
View Things To Do
Open Saved Applications
C4Yourself * is an online application system that allows you to apply for benefits. This is a secured site and all your information will be private and safe.
C4Yourself California Counties
See a map and listing of all C4Yourself counties where you can send your application.
Questions and answers.
Contact the County about your existing case.
Announcements
Social Security (SSA) Cost Of Living Adjustment (COLA) - Effective December 1, 2009

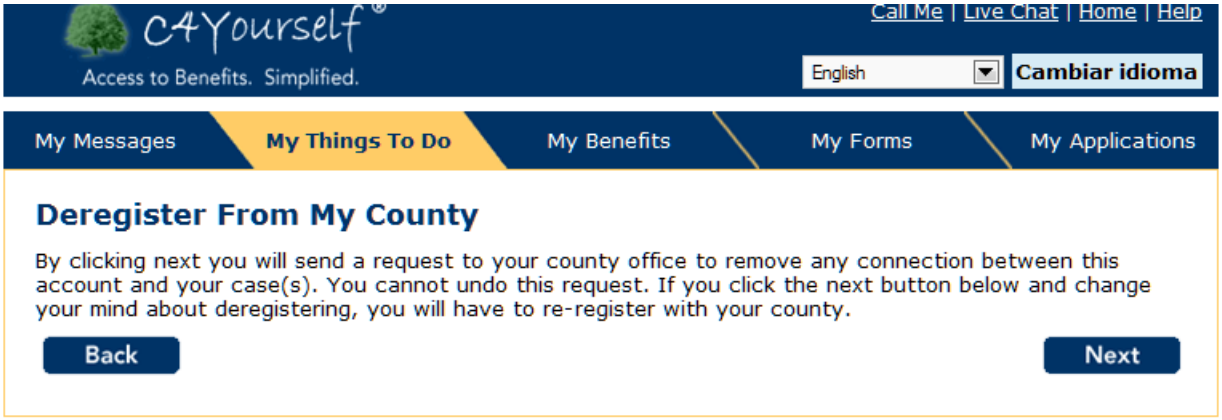
2. Log in to your C4Yourself User Account, the **My Things to Do** page appears.

My Messages
My Things To Do
My Benefits
My Forms
My Applications
My Things To Do
You can use this page to renew/recertify your benefits, update, or finish/start a new application.
Manage My Account
Manage My Account Profile
Deregister From My County
Renew/Recertify My Benefits
Start New Application
Finish Saved/Incomplete/ Unsubmitted Applications
Add Missing Application Information
Manage My Account Profile
Update your profile information
This information will be used throughout the application for identification purposes.

3. Click the **Deregister from My County** link text on the left.

My Messages
My Things To Do
My Benefits
My Forms
My Applications
My Things To Do
You can use this page to renew/recertify your benefits, update, or finish/start a new application.
Manage My Account
Manage My Account Profile
Register With My County
Deregister From My County
Manage My Applications
Renew/Recertify My Benefits
Start New Application
Finish Saved/Incomplete/ Unsubmitted Applications
Add Missing Application Information
Deregister From My County
Deregister the link to your case(s)
Once deregistered, you will not be able to view the case information you were linked to unless you request another link.

4. Click the **Deregister the link to you case(s)** link text on the right. **The Deregister from my County** page appears.


C4Yourself
Access to Benefits. Simplified.
Call Me | Live Chat | Home | Help
English
Cambiar idioma
My Messages
My Things To Do
My Benefits
My Forms
My Applications
Deregister From My County
By clicking next you will send a request to your county office to remove any connection between this account and your case(s). You cannot undo this request. If you click the next button below and change your mind about deregistering, you will have to re-register with your county.
Back
Next

5. Click

. Your case will be deregistered.

6. Follow the **Register with My County** to create a new C4Yourself User Account.

Inter-County Transfer

Example 2: You have a C4Yourself User Account that is linked to your active C-IV case. You move from one C-IV county to another and want to continue to use C4Yourself to check your benefits, report changes, etc. When you contact the first county to report the move, the county will start the inter-county transfer (ICT) process to have the responsibility for your aid transfer to the new county. This process includes getting a new C-IV case number in the new county.

Because your C4Yourself User Account is linked to the case number in the first county, you will need to deregister with the first county and register with the second.

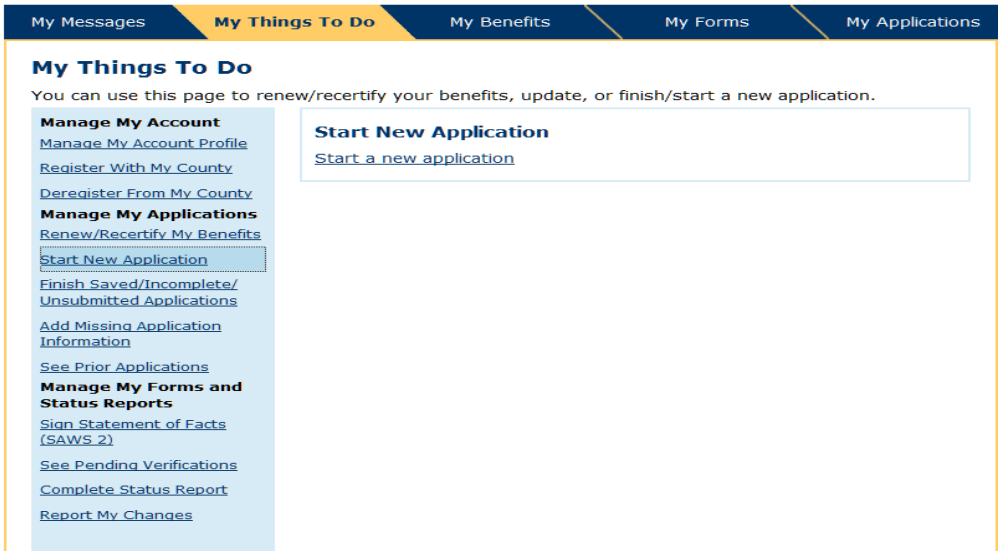
7. Follow the **Deregister with My County** process for the first county.
8. Follow the **Register with My County** process to create a C4Yourself User Account and link it to your new C-IV case number in the new county.

My Applications

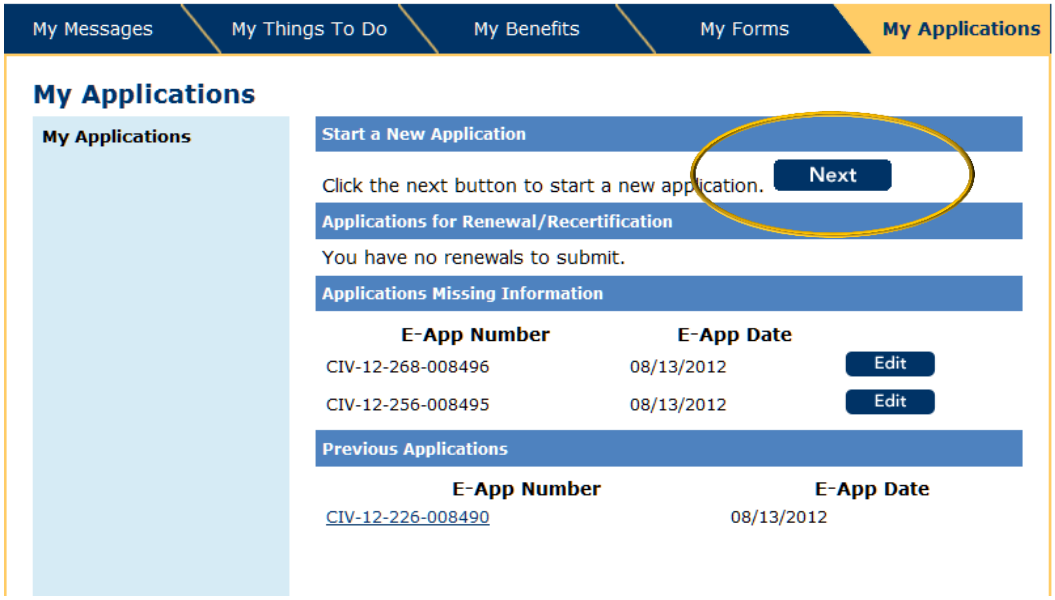
Start a New Application

The **Start New Application** link text is just another way of getting to the starting point for an application. This way of starting a new application is often used by customers who are already have a C4Yourself account, are getting some kind of aid and want to apply for another kind of aid.

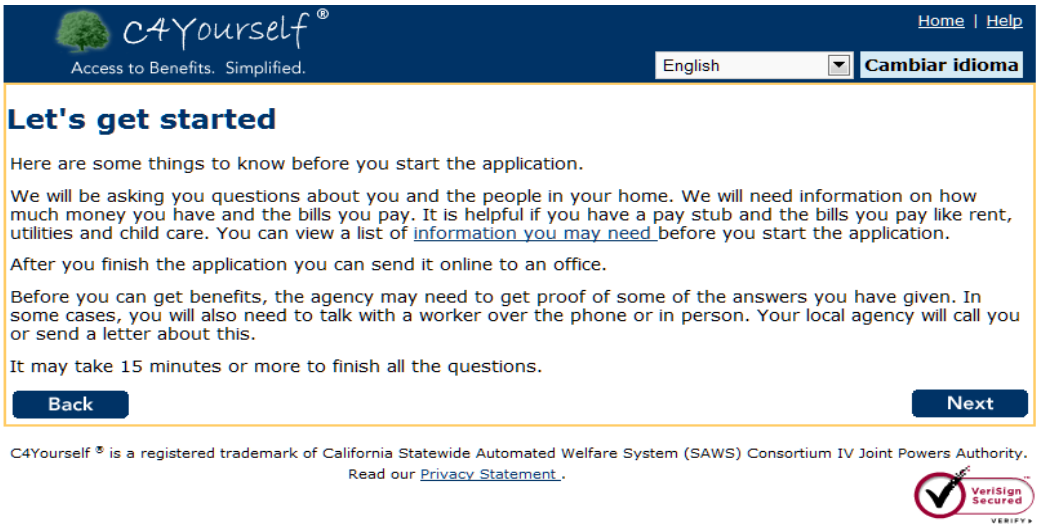
1. Click **Start New Application,** the **My Applications** page appears.



2. Click



3. The **Let's get started** page appears.


C4Yourself
Access to Benefits. Simplified.
Home | Help
English
Cambiar idioma
Let's get started
Here are some things to know before you start the application.
We will be asking you questions about you and the people in your home. We will need information on how much money you have and the bills you pay. It is helpful if you have a pay stub and the bills you pay like rent, utilities and child care. You can view a list of information you may need before you start the application.
After you finish the application you can send it online to an office.
Before you can get benefits, the agency may need to get proof of some of the answers you have given. In some cases, you will also need to talk with a worker over the phone or in person. Your local agency will call you or send a letter about this.
It may take 15 minutes or more to finish all the questions.
Back
Next
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Read our Privacy Statement .
VeriSign Secured

Finish Saved/Incomplete/Un-submitted Application

If you exit the C4Yourself on-line e-Application ***before you finish and submit*** your application, you can come back to it later by selecting the **Finish Saved/Incomplete/Unsubmitted Applications** link text.

Add Missing Application Information

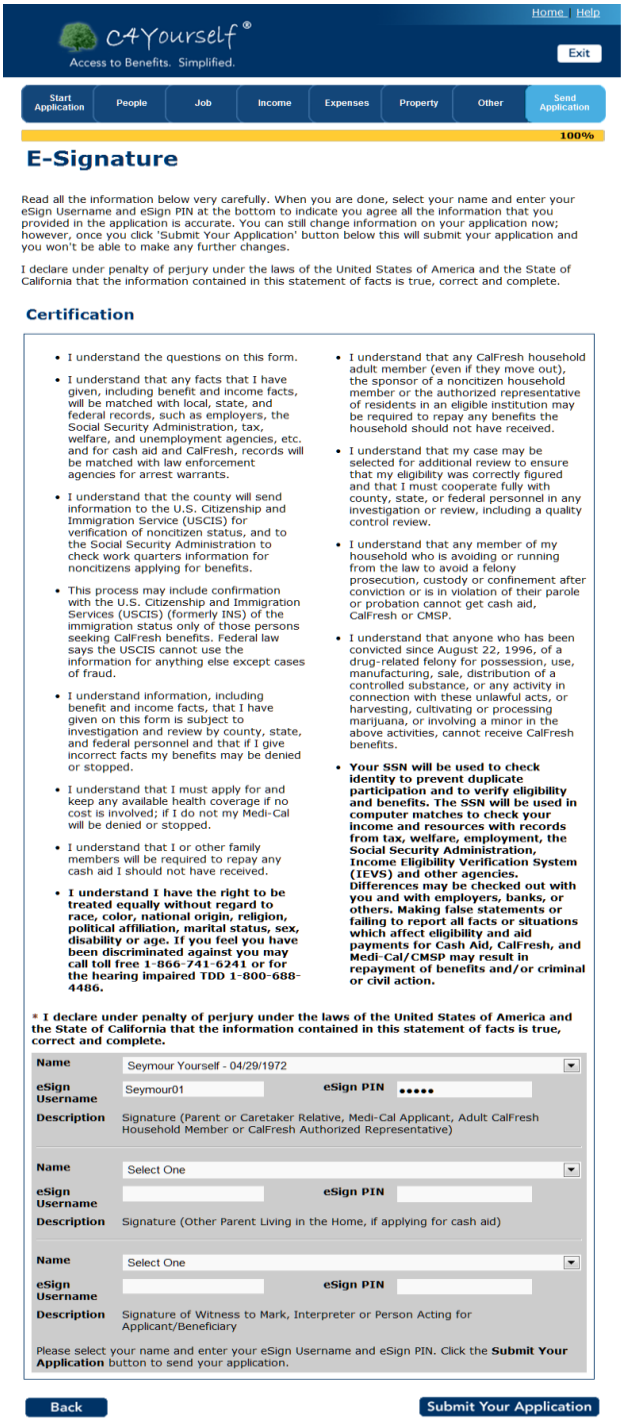
The **Add Missing Application Information** link text is different the **Finish Saved/Incomplete/Unsubmitted Applications** link text because this link will take you to an e-Application you've submitted and the county has decided needs more information.

The **Add Missing Application Information** link text will take you to the **My Applications** page. You can then edit the e-Application by adding the missing information.

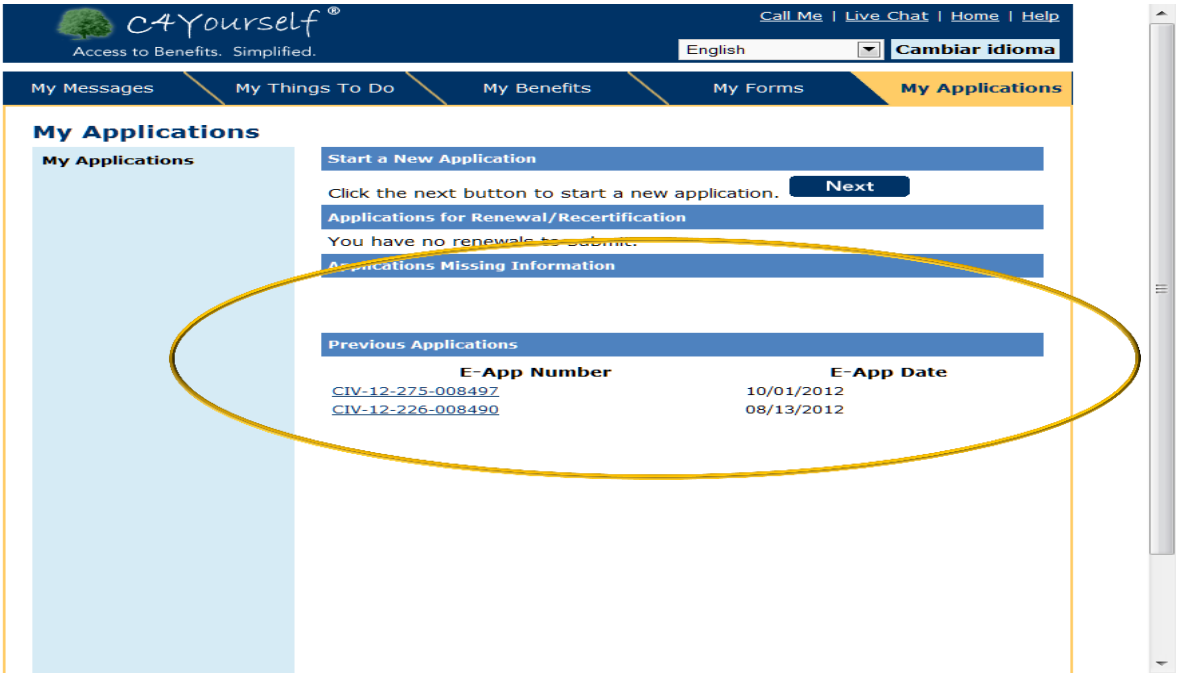
Example: The picture below shows the original e-App number assigned when the application was submitted. There is a new e-App Number under Applications Missing Information. The E-App Date stays the date the original application was submitted.

> ***IMPORTANT NOTE***: When your e-Application is posted back to your C4Yourself account, it is automatically given a new e-App Number. When you complete the missing information and re-submit the e-Application, it is again given a new e-App Number. This is done so that each copy of the e-Application is saved separately.

1. Click Edit next to the **E-App Number** under **Applications Missing Information**.
2. Go through the application and add the missing information.
3. Complete the e-Signature page and click Submit Your Application.


Home | Help
C4Yourself®
Access to Benefits. Simplified.
Exit
Start Application
People
Job
Income
Expenses
Property
Other
Send Application
100%
E-Signature
Read all the information below very carefully. When you are done, select your name and enter your eSign Username and eSign PIN at the bottom to indicate you agree all the information that you provided in the application is accurate. You can still change information on your application now; however, once you click 'Submit Your Application' button below this will submit your application and you won't be able to make any further changes.
I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.
Certification
I understand the questions on this form.
I understand that any facts that I have given, including benefit and income facts, will be matched with local, state, and federal records, such as employers, the Social Security Administration, tax, welfare, and unemployment agencies, etc. and for cash aid and CalFresh, records will be matched with law enforcement agencies for arrest warrants.
I understand that the county will send information to the U.S. Citizenship and Immigration Service (USCIS) for verification of noncitizen status, and to the Social Security Administration to check work quarters information for noncitizens applying for benefits.
This process may include confirmation with the U.S. Citizenship and Immigration Services (USCIS) (formerly INS) of the immigration status only of those persons seeking CalFresh benefits. Federal law says the USCIS cannot use the information for anything else except cases of fraud.
I understand information, including benefit and income facts, that I have given on this form is subject to investigation and review by county, state, and federal personnel and that if I give incorrect facts my benefits may be denied or stopped.
I understand that I must apply for and keep any available health coverage if no cost is involved; if I do not my Medi-Cal will be denied or stopped.
I understand that I or other family members will be required to repay any cash aid I should not have received.
I understand I have the right to be treated equally without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability or age. If you feel you have been discriminated against you may call toll free 1-866-741-6241 or for the hearing impaired TDD 1-800-688-4486.
I understand that any CalFresh household adult member (even if they move out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.
I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state, or federal personnel in any investigation or review, including a quality control review.
I understand that any member of my household who is avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction or is in violation of their parole or probation cannot get cash aid, CalFresh or CMSP.
I understand that anyone who has been convicted since August 22, 1996, of a drug-related felony for possession, use, manufacturing, sale, distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive CalFresh benefits.
Your SSN will be used to check identity to prevent duplicate participation and to verify eligibility and benefits. The SSN will be used in computer matches to check your income and resources with records from tax, welfare, employment, the Social Security Administration, Income Eligibility Verification System (IEVS) and other agencies. Differences may be checked out with you and with employers, banks, or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for Cash Aid, CalFresh, and Medi-Cal/CMSP may result in repayment of benefits and/or criminal or civil action.
* I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.
Name
Seymour Yourself - 04/29/1972
eSign Username
Seymour01
eSign PIN
Description
Signature (Parent or Caretaker Relative, Medi-Cal Applicant, Adult CalFresh Household Member or CalFresh Authorized Representative)
Name
Select One
eSign Username
eSign PIN
Description
Signature (Other Parent Living in the Home, if applying for cash aid)
Name
Select One
eSign Username
eSign PIN
Description
Signature of Witness to Mark, Interpreter or Person Acting for Applicant/Beneficiary
Please select your name and enter your eSign Username and eSign PIN. Click the Submit Your Application button to send your application.
Back
Submit Your Application

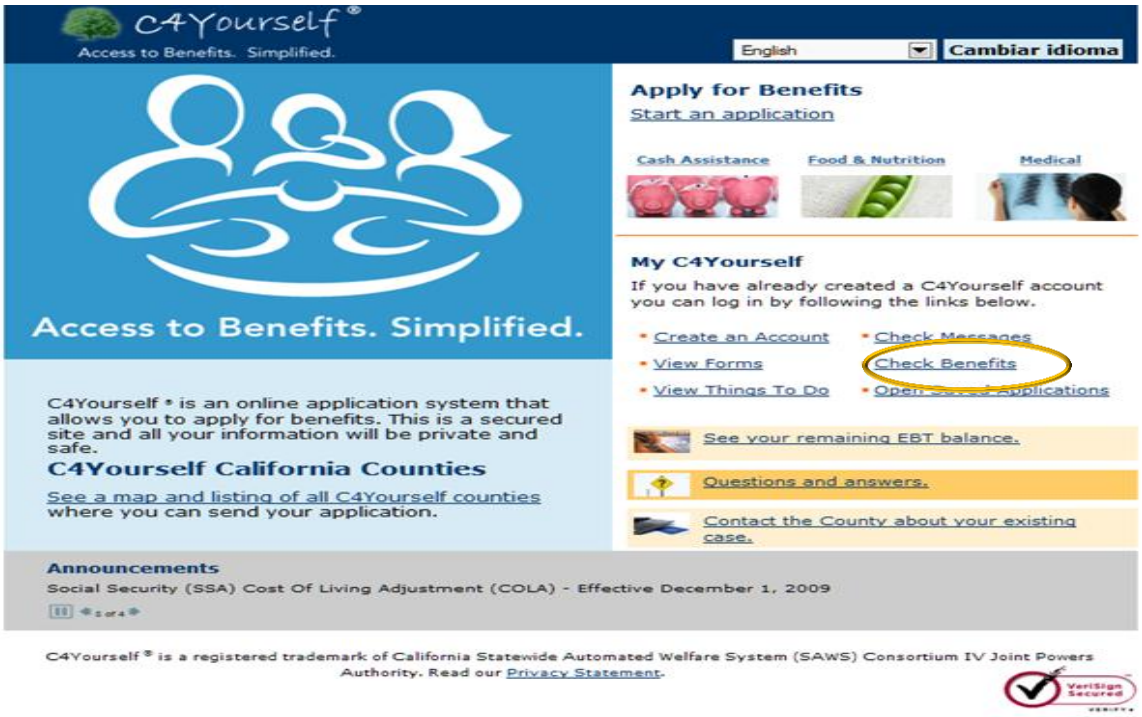
4. A new **e-App Number** is assigned with the current date.



My Benefits

The **My Benefits** page allows you to see the current amount of aid available to you.

1. On the C4Yourself Home page, click the **Check Benefits** link text.


C4Yourself
Access to Benefits. Simplified.
English
Cambiar idioma
Access to Benefits. Simplified.
C4Yourself is an online application system that allows you to apply for benefits. This is a secured site and all your information will be private and safe.
C4Yourself California Counties
See a map and listing of all C4Yourself counties where you can send your application.
Apply for Benefits
Start an application
Cash Assistance
Food & Nutrition
Medical
My C4Yourself
If you have already created a C4Yourself account you can log in by following the links below.
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See your remaining EBT balance.
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Contact the County about your existing case.
Announcements
Social Security (SSA) Cost Of Living Adjustment (COLA) - Effective December 1, 2009
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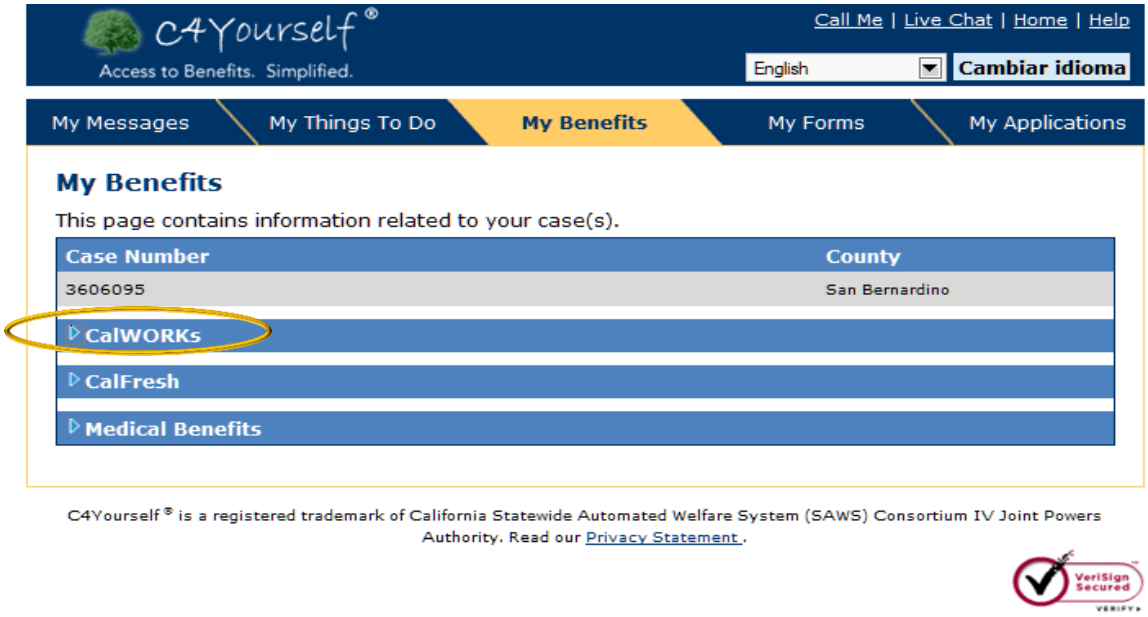
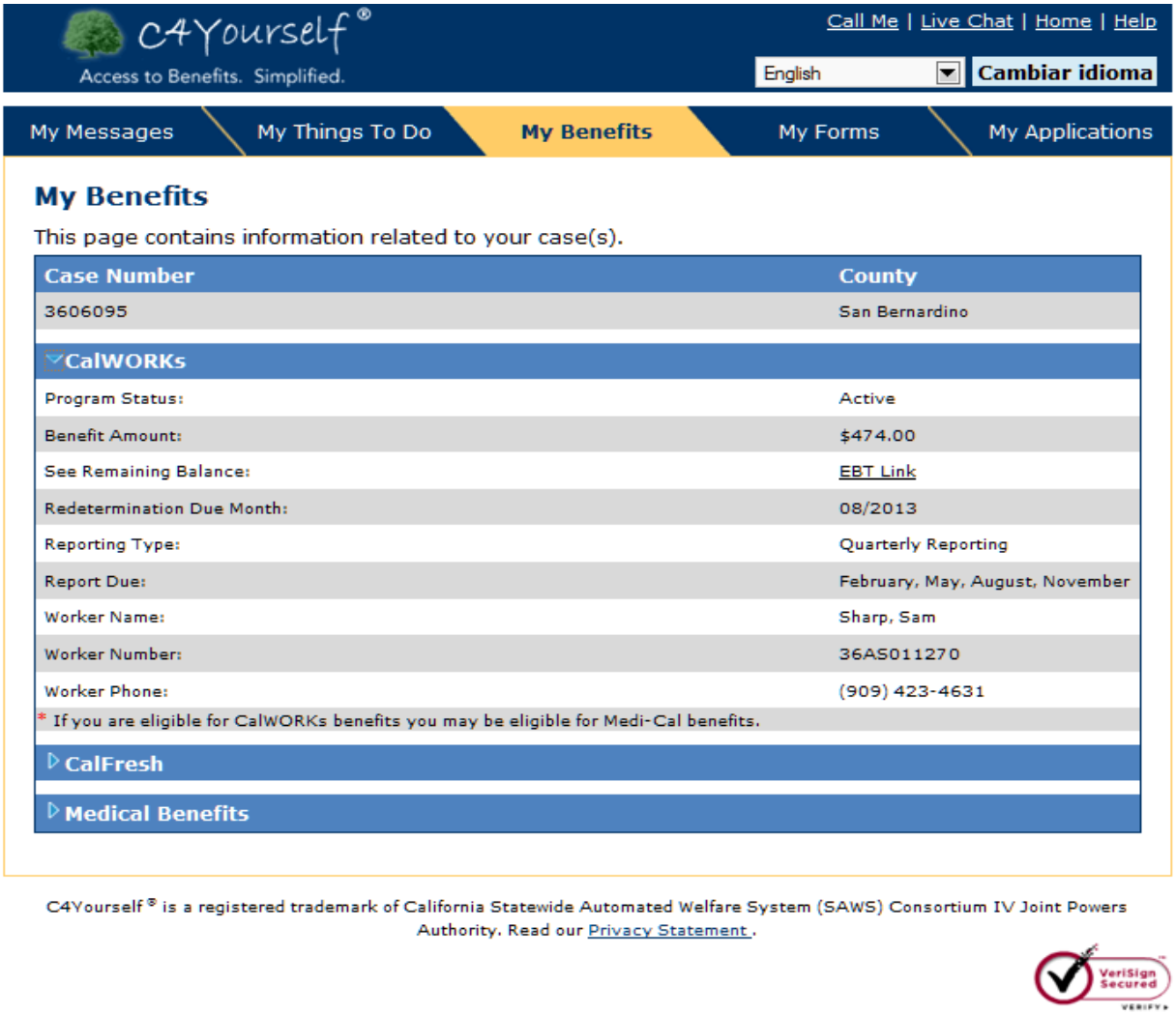
VeriSign Secured

2. Log in to your C4Yourself User Account, the **My Benefits** page appears.



3. Click on the arrow next to the program you want to check. The section expands and information about your benefits is displayed.


C4Yourself®
Access to Benefits. Simplified.
Call Me | Live Chat | Home | Help
English
Cambiar idioma
My Messages
My Things To Do
My Benefits
My Forms
My Applications
My Benefits
This page contains information related to your case(s).
Case Number
County
3606095
San Bernardino
CalWORKs
Program Status:
Active
Benefit Amount:
$474.00
See Remaining Balance:
EBT Link
Redetermination Due Month:
08/2013
Reporting Type:
Quarterly Reporting
Report Due:
February, May, August, November
Worker Name:
Sharp, Sam
Worker Number:
36AS011270
Worker Phone:
(909) 423-4631
* If you are eligible for CalWORKs benefits you may be eligible for Medi-Cal benefits.
CalFresh
Medical Benefits
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VeriSign Secured

My Forms

Access the My Forms page

C4Yourself®
Access to Benefits. Simplified.
English
Cambiar idioma
Apply for Benefits
Start an application
Cash Assistance
Food & Nutrition
Medical
My C4Yourself
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C4Yourself ® is an online application system that allows you to apply for benefits. This is a secured site and all your information will be private and safe.
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See your remaining EBT balance.
Questions and answers.
Contact the County about your existing case.
Announcements
C4Yourself earns the 2010 NASCIO award for Digital Government: Government to Citizen (G to C).
2 of 4

1. Click the **View Forms** link text on the **C4Yourself Home** page. The **Login Page** appears.
2. Log in to your C4Yourself User Account, the **My Forms** page appears.

This page lets you:

- Open blank forms that you can complete using the computer then print and send to the County via a FAX, drop-off, upload, or through the mail.
- See which Verifications you need to give to the County
- See the status of the Status Reports you have submitted or when your next Status Report is due
- See the Statement of Facts
- Upload documents

Mail-in Cover Sheet

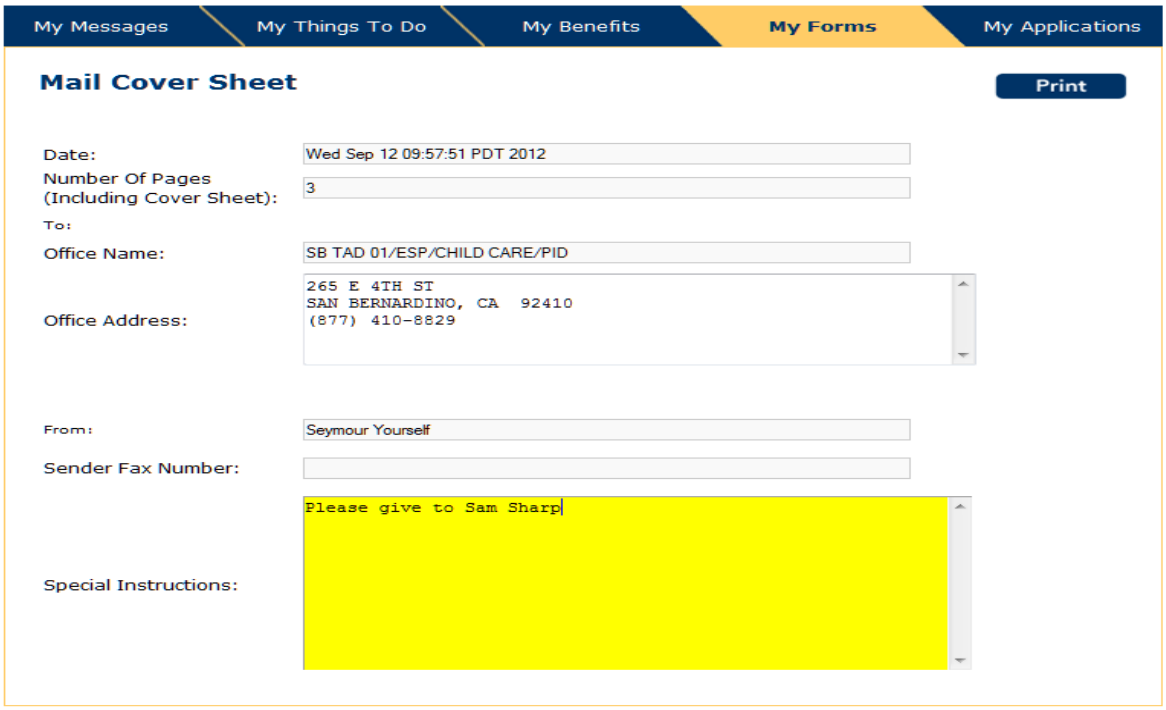
You can print a cover sheet to include with documents that you want to mail to the county. This will help make sure you have the correct mailing information.

1. Click the **Mail in Cover Sheet** link text. The **Please select a county** page appears

2. Select you County from the drop-down list. Click

3. A list of the office in the county appears.

4. Click Next The **Mail Cover Sheet** appears with date/ time and the name and address of the office you picked. You can add more information such as the number of pages, your name, a fax number, and special instructions. Notice it does not have a Case Manager name, or number. If you have this information, we suggest you add it to the special instructions area.



5. Click Print

6. Attach the printed form to the documents you want to mail to or drop –off at the county.

The process is the same to print a Fax Cover sheet.

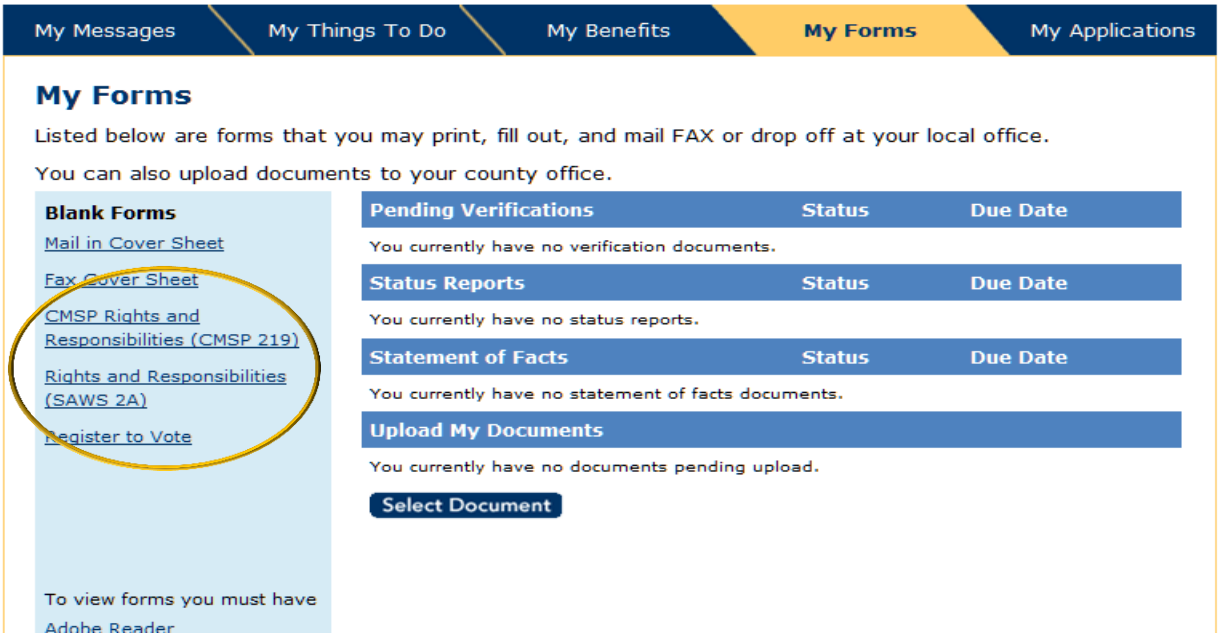
View and Print Rights and Responsibilities

There are two types of Rights and Responsibilities forms available in C4Yourself. These are the same Rights and Responsibilities you signed when you submitted you e-Application.

- CMSP Rights and Responsibilities (CMSP 219)
- Rights and Responsibilities (SAWS 2A)

You can read and/print either form from the **My Forms** page.

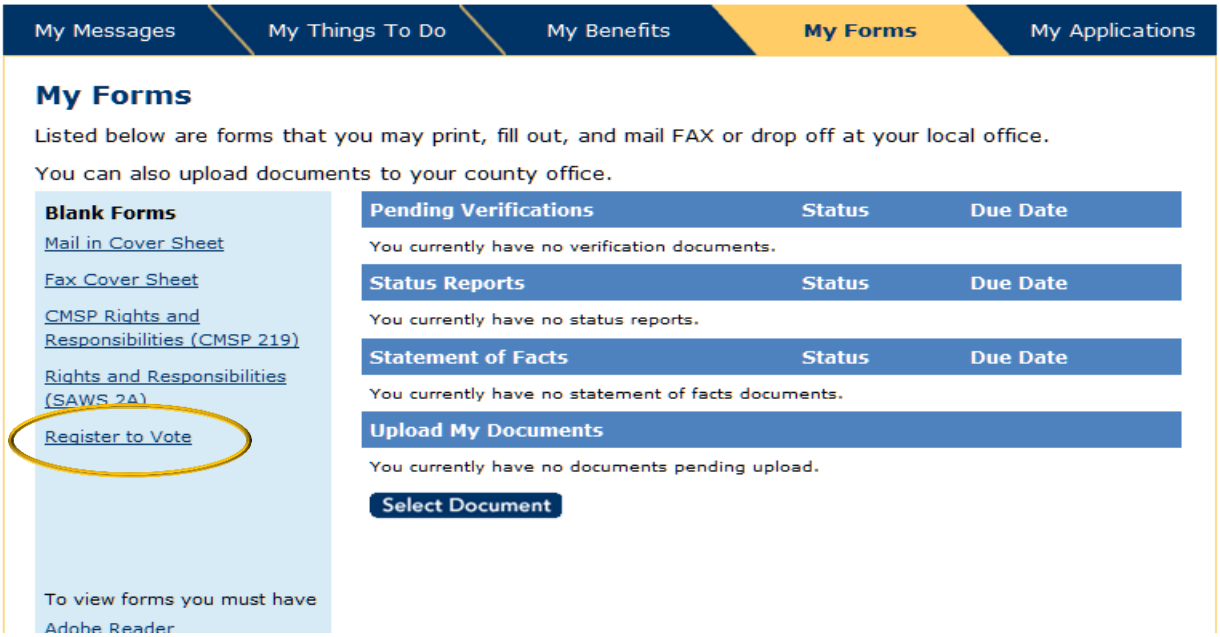
1. Click the link text. The Rights and Responsibilities page appears.



2. The form will appear in a separate window.

Register to Vote

The National Voter Registration Act of 1993, also known as The Motor Voter Act, was enacted to help increase voter turnout by making it easier to register to vote. You can now register to vote or update your voter registration on-line.



1. Click the **Register to Vote** link text. A separate window will open with the **Voter Registration** page.

   http://www.thisismyvoteca.org/

2. Click the

button and follow the instructions on each page.

For help with this page contact the California Secretary of State's office or your county's Registrar of Voters.

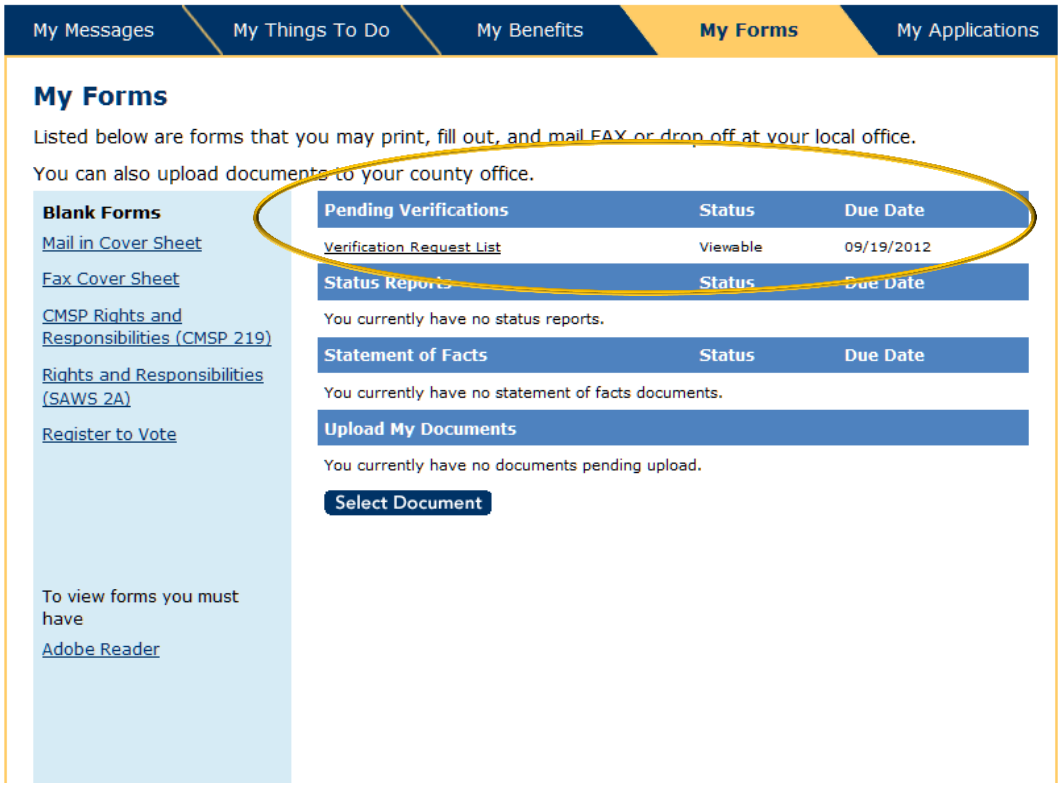
Pending Verifications

Let's say you get an email from your Case Manager saying you have a message about pending verifications in you C4Yourself account.

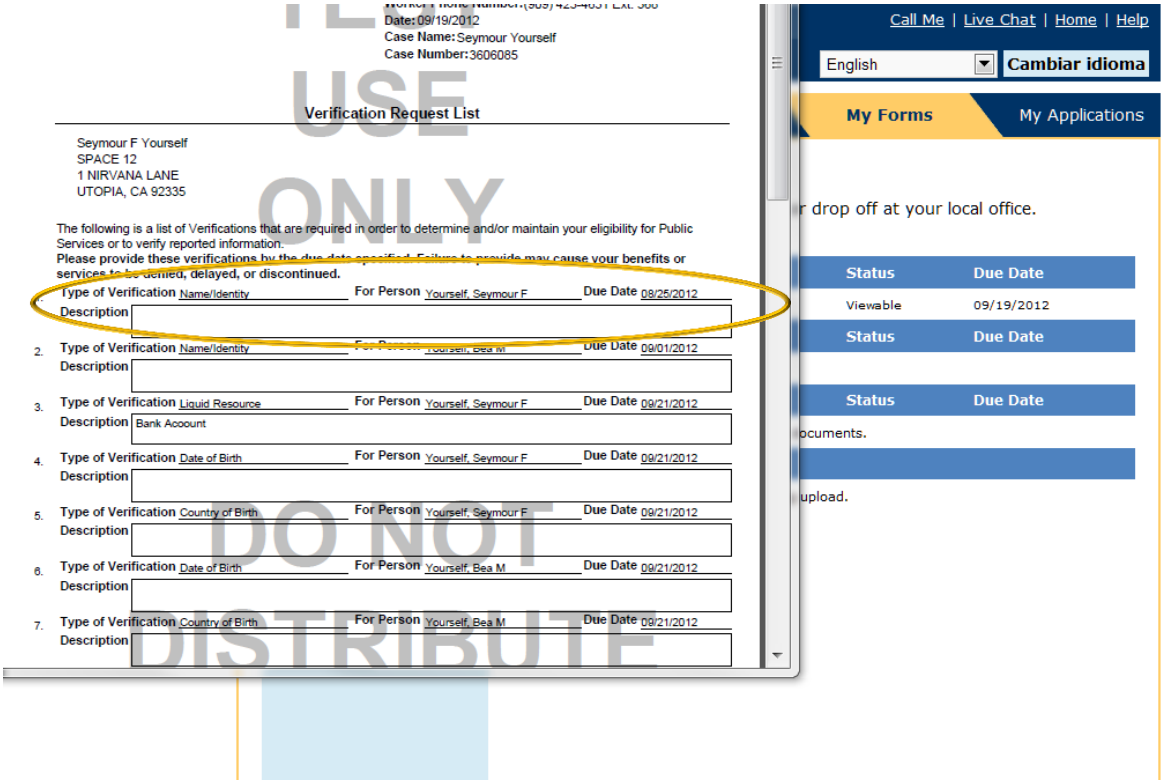
1. Click the **View Forms** link text on the **C4Yourself Home** page.

C4Yourself®
Access to Benefits. Simplified.
English
Cambiar idioma
Access to Benefits. Simplified.
C4Yourself ® is an online application system that allows you to apply for benefits. This is a secured site and all your information will be private and safe.
C4Yourself California Counties
See a map and listing of all C4Yourself counties where you can send your application.
Apply for Benefits
Start an application
Cash Assistance
Food & Nutrition
Medical
My C4Yourself
If you have already created a C4Yourself account you can log in by following the links below.
Create an Account
View Forms
View Things To Do
Check Messages
Check Benefits
Open Saved Applications
See your remaining EBT balance.
Questions and answers.
Contact the County about your existing case.
Announcements
View information about your existing case(s) through your C4Yourself account. Click here to log in.
1 of 4

2. Enter your **User Name** and **Password** on the **Login** page. The **My Forms** page appears.



3. Click the **Verification Request List** link text. The **Verification Request List** appears in a second window. This form will tell you which verifications you will need to send to the county and the date the information is due.


Date: 09/19/2012
Case Name: Seymour Yourself
Case Number: 3606085
Verification Request List
Seymour F Yourself
SPACE 12
1 NIRVANA LANE
UTOPIA, CA 92335
The following is a list of Verifications that are required in order to determine and/or maintain your eligibility for Public Services or to verify reported information.
Please provide these verifications by the due date specified. Failure to provide may cause your benefits or services to be denied, delayed, or discontinued.
1. Type of Verification Name/Identity For Person Yourself, Seymour F Due Date 08/25/2012
Description
2. Type of Verification Name/Identity Due Date 09/01/2012
Description
3. Type of Verification Liquid Resource For Person Yourself, Seymour F Due Date 09/21/2012
Description Bank Account
4. Type of Verification Date of Birth For Person Yourself, Seymour F Due Date 09/21/2012
Description
5. Type of Verification Country of Birth For Person Yourself, Seymour F Due Date 09/21/2012
Description
6. Type of Verification Date of Birth For Person Yourself, Bea M Due Date 09/21/2012
Description
7. Type of Verification Country of Birth For Person Yourself, Bea M Due Date 09/21/2012
Description
USE ONLY
DO NOT DISTRIBUTE
Call Me | Live Chat | Home | Help
English
Cambiar idioma
My Forms
My Applications
r drop off at your local office.
Status
Due Date
Viewable
09/19/2012
Status
Due Date
Status
Due Date
ocuments.
upload.

4. You can print this form if the computer you are using is connected to a printer.

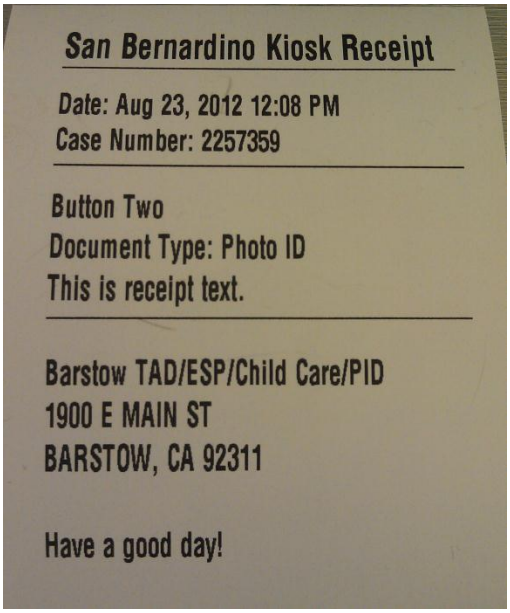
Upload My Documents

The C4Yourself online application lets you send documents to the County. This is called “uploading”. There are two ways to upload documents. You can:

1. Use a C4Yourself scanner like the Blue and Red Kiosks described below.
2. Use the **Upload My Documents** function on the **My Forms** page.

Blue C4Yourself Kiosk

You can send paper documents such as verifications to your case from a computer with a scanner or a C4Yourself Kiosk. There are two types of Kiosks. Blue C4Yourself kiosks (pictured below) are available to complete C4Yourself on-line e-Applications and upload documents.


San Bernardino Kiosk Receipt

Date: Aug 23, 2012 12:08 PM
Case Number: 2257359

Button Two
Document Type: Photo ID
This is receipt text.

Barstow TAD/ESP/Child Care/PID
1900 E MAIN ST
BARSTOW, CA 92311

Have a good day!

After you have scanned your document, you will get a receipt like the one pictured above.

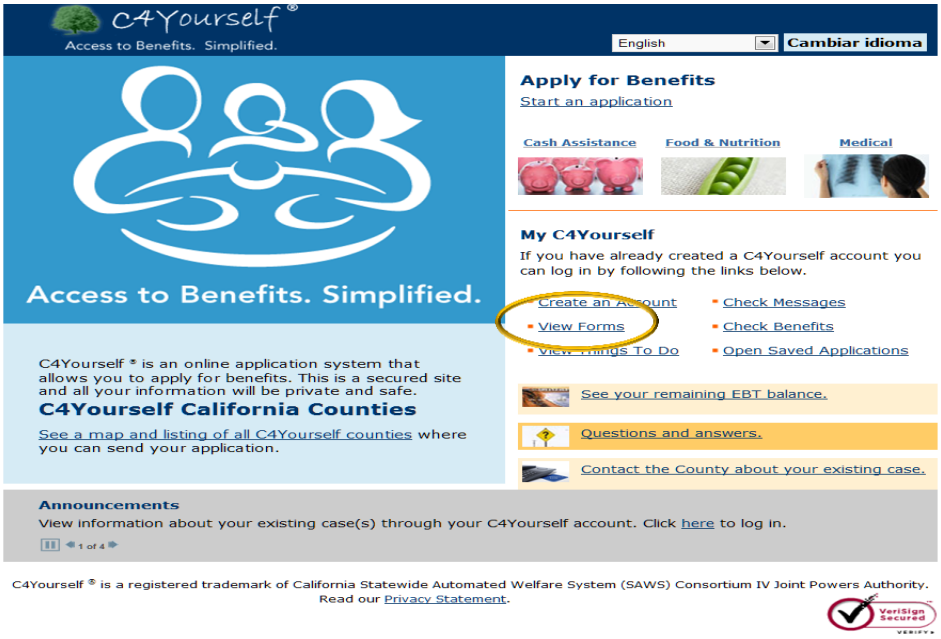
Red C-IV Kiosk

Red C-IV Kiosks (pictured below) are for uploading documents only. These kiosks are usually placed in the lobbies of Social Services agencies.

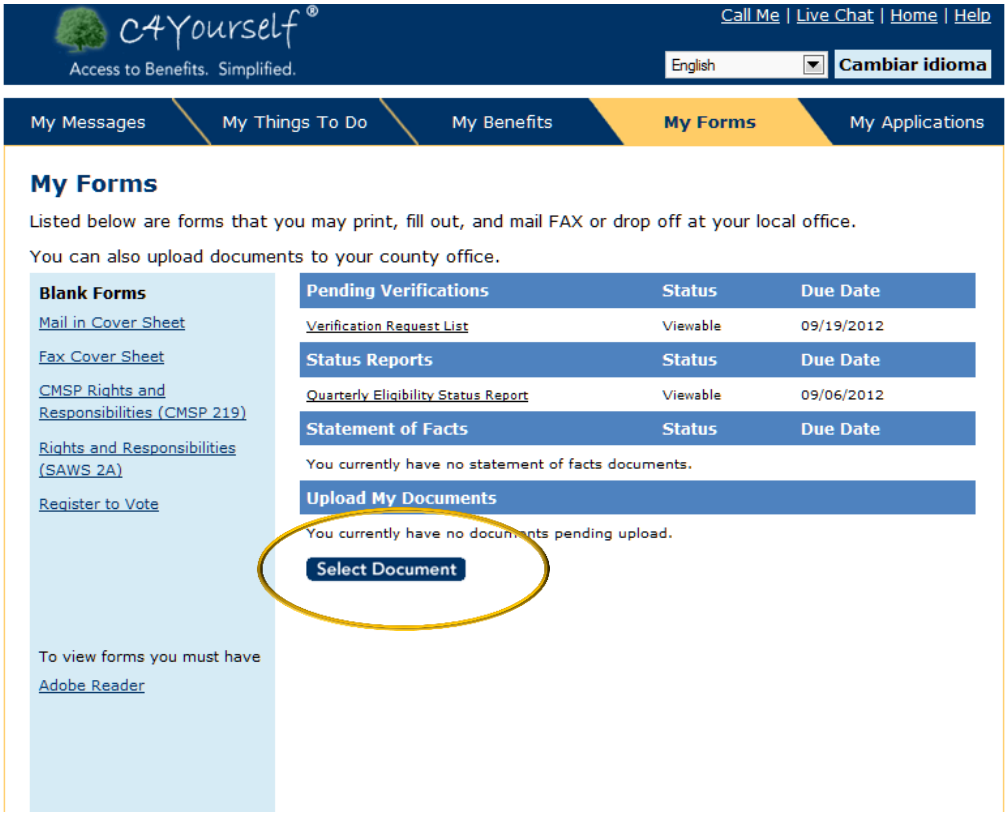
Upload My Documents

You can use this process to upload documents that are stored on your computer as either a PDF (Portable Document Format) or a TIFF (Tagged Image File Format). To upload to C4Yourself, these documents must be 2 MB or less in size.

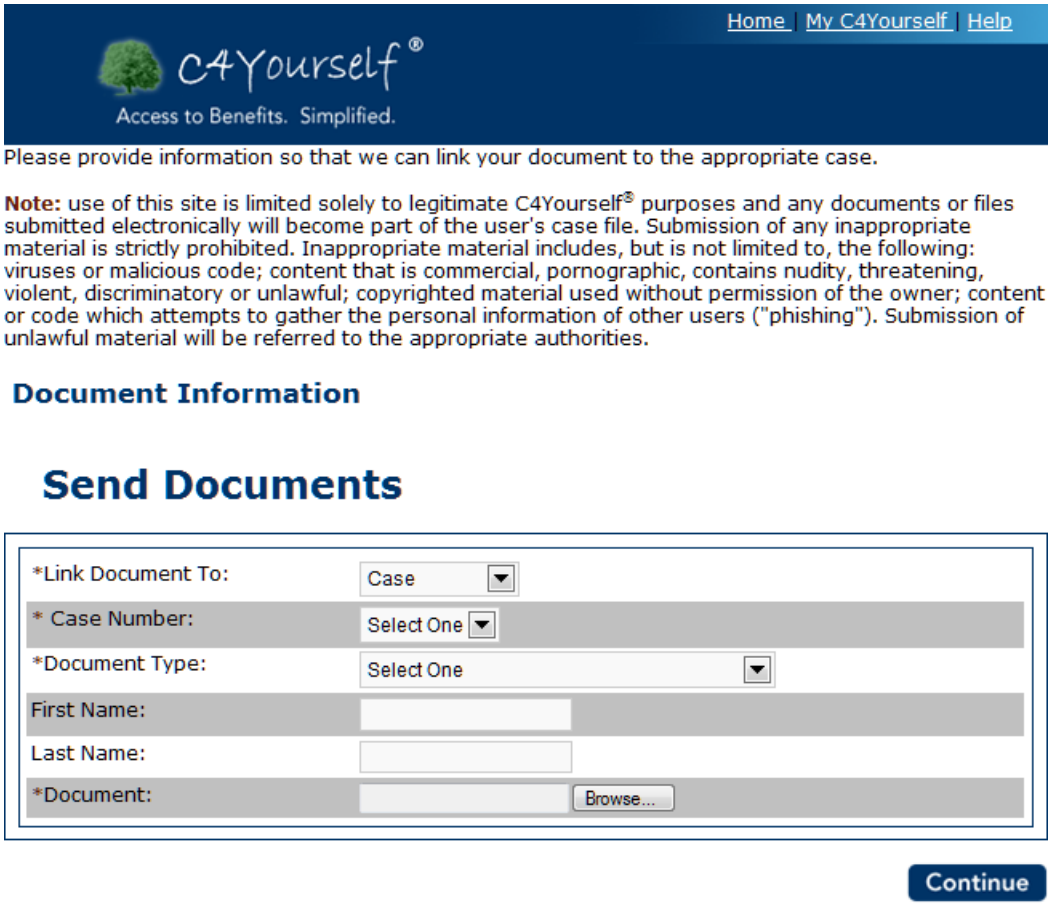
1. Select the **View Forms** link text on the **C4Yourself Home** page.


C4Yourself
Access to Benefits. Simplified.
English
Cambiar idioma
Access to Benefits. Simplified.
Apply for Benefits
Start an application
Cash Assistance
Food & Nutrition
Medical
My C4Yourself
If you have already created a C4Yourself account you can log in by following the links below.
Create an Account
View Forms
View Things To Do
Check Messages
Check Benefits
Open Saved Applications
C4Yourself ® is an online application system that allows you to apply for benefits. This is a secured site and all your information will be private and safe.
C4Yourself California Counties
See a map and listing of all C4Yourself counties where you can send your application.
See your remaining EBT balance.
Questions and answers.
Contact the County about your existing case.
Announcements
View information about your existing case(s) through your C4Yourself account. Click here to log in.
C4Yourself ® is a registered trademark of California Statewide Automated Welfare System (SAWS) Consortium IV Joint Powers Authority.
Read our Privacy Statement.

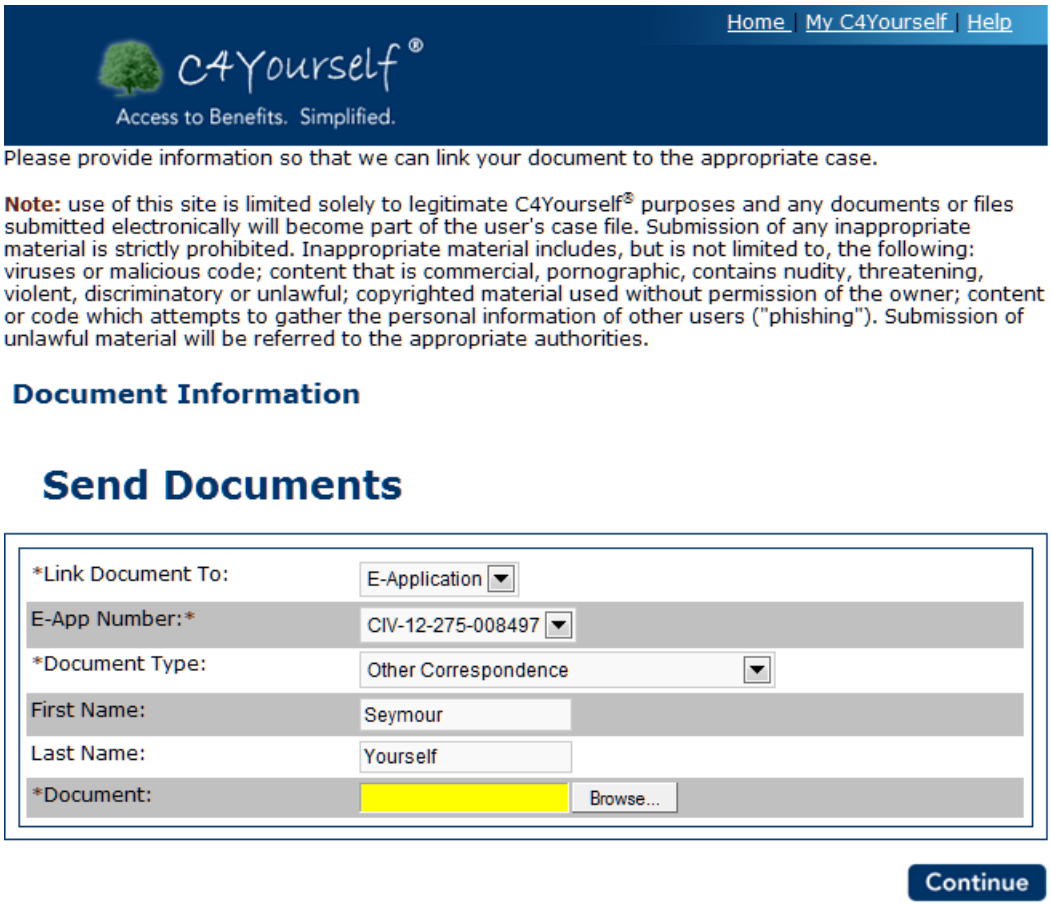
2. Log in with your **User Name** and **Password**. The **My Forms** page appears.



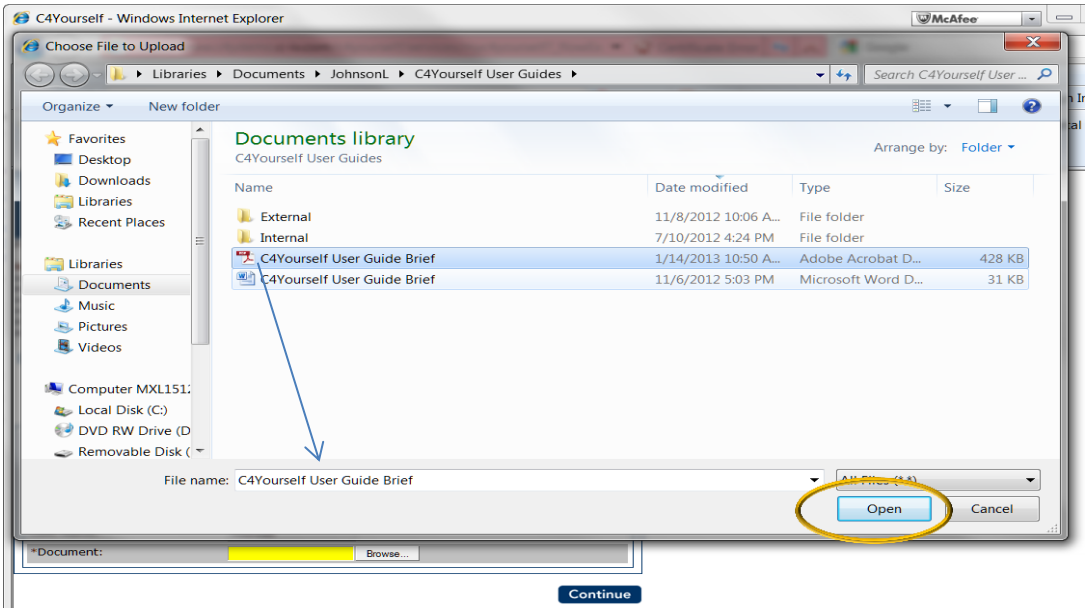
3. Click Select Document the **Send Documents** page appears.


Home | My C4Yourself | Help
C4Yourself®
Access to Benefits. Simplified.
Please provide information so that we can link your document to the appropriate case.
Note: use of this site is limited solely to legitimate C4Yourself® purposes and any documents or files submitted electronically will become part of the user's case file. Submission of any inappropriate material is strictly prohibited. Inappropriate material includes, but is not limited to, the following: viruses or malicious code; content that is commercial, pornographic, contains nudity, threatening, violent, discriminatory or unlawful; copyrighted material used without permission of the owner; content or code which attempts to gather the personal information of other users ("phishing"). Submission of unlawful material will be referred to the appropriate authorities.
Document Information
Send Documents
*Link Document To:
Case
* Case Number:
Select One
*Document Type:
Select One
First Name:
Last Name:
*Document:
Browse...
Continue

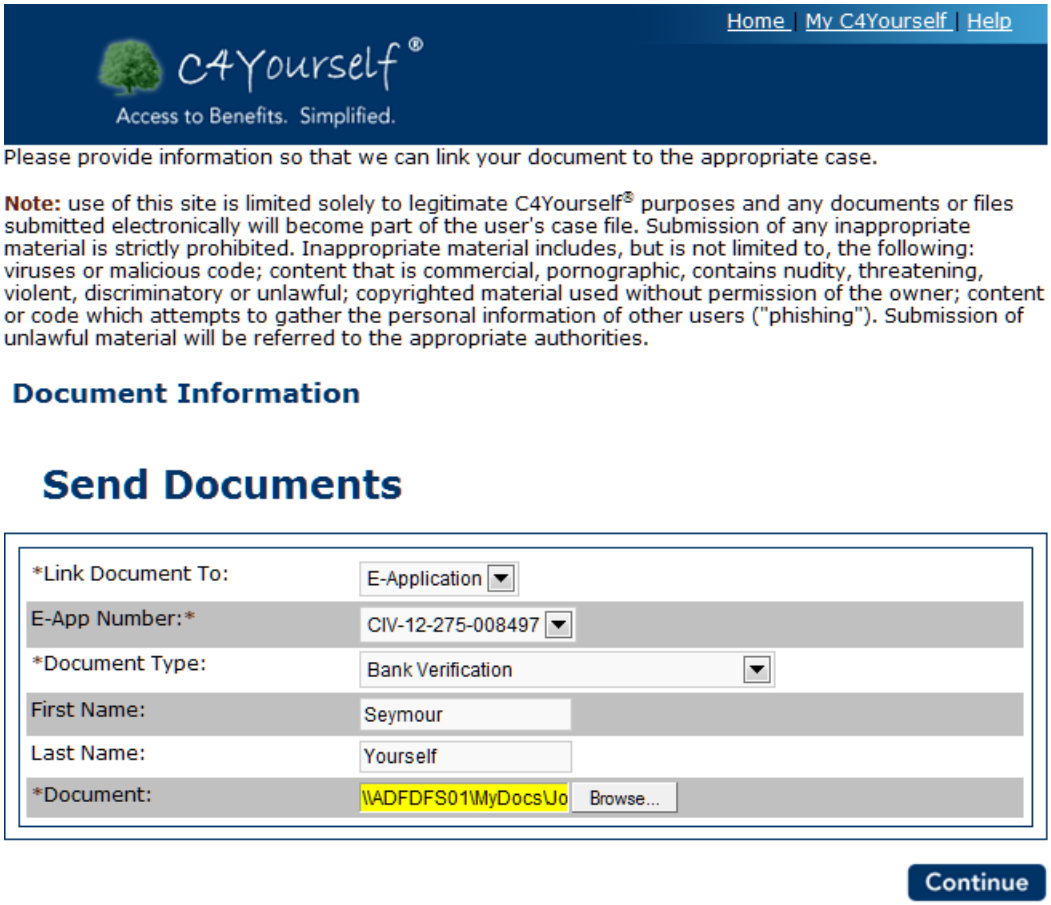
4. You will need to give information so the County can link your document to either your Case or your E-Application. If you have active Case Number, select Case from the **Link Document To** dropdown. When you select Case, all Case Numbers linked to your C4Yourself login will appear in the **Case Number** dropdown. If your e-Application hasn't been approved yet, you should pick E-Application from the **Link Document To** dropdown. Doing this changes the name of the next field from **Case Number** to **E-App Number**. Select your e-Application number. The **Document Type** field has a long list of the types of documents you may upload. Select the type that best fits with the document you want to upload; this helps the County identify the document in C-IV. Enter your **First Name**, **Last Name**, then click Browse....


Home | My C4Yourself | Help
C4Yourself®
Access to Benefits. Simplified.
Please provide information so that we can link your document to the appropriate case.
Note: use of this site is limited solely to legitimate C4Yourself® purposes and any documents or files submitted electronically will become part of the user's case file. Submission of any inappropriate material is strictly prohibited. Inappropriate material includes, but is not limited to, the following: viruses or malicious code; content that is commercial, pornographic, contains nudity, threatening, violent, discriminatory or unlawful; copyrighted material used without permission of the owner; content or code which attempts to gather the personal information of other users ("phishing"). Submission of unlawful material will be referred to the appropriate authorities.
Document Information
Send Documents
*Link Document To:
E-Application
E-App Number:*
CIV-12-275-008497
*Document Type:
Other Correspondence
First Name:
Seymour
Last Name:
Yourself
*Document:
Browse...
Continue

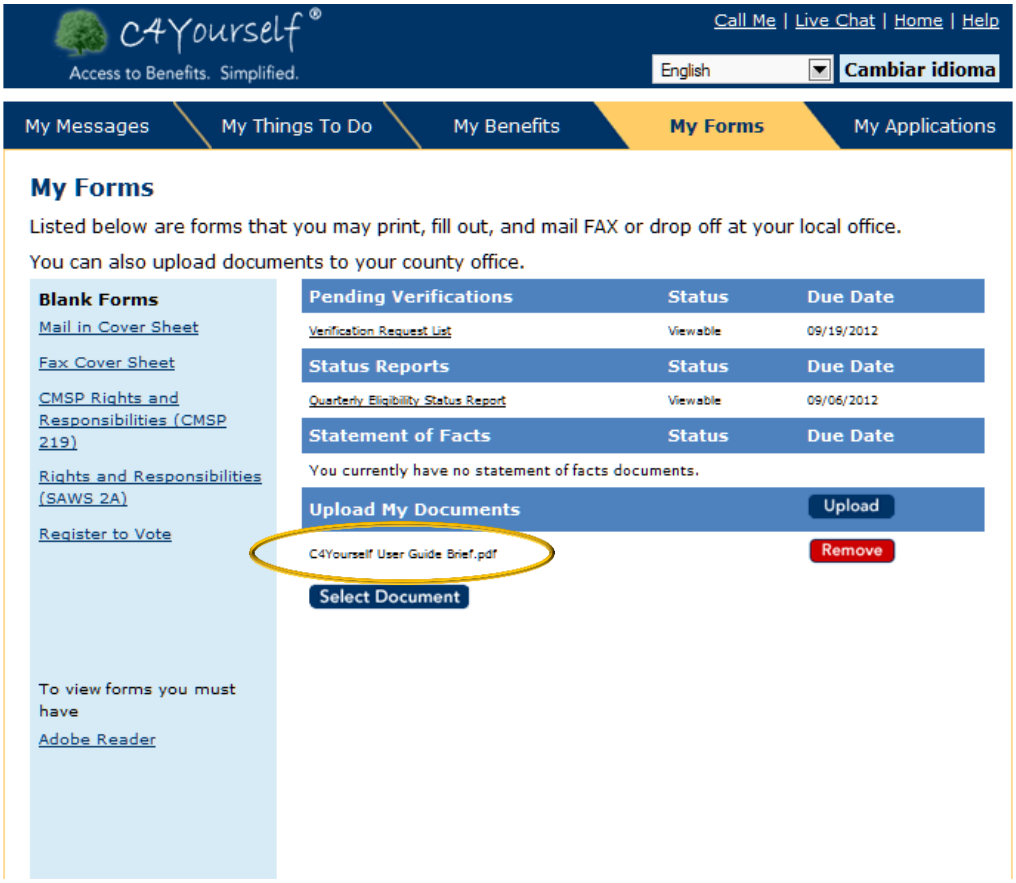
5. When you click Browse..., the computer will look for documents on YOUR computer. You may need to look for the specific document you want to upload.
6. Pick the document you want to upload by clicking on it. The name of the document will appear in the **File Name** field. Click Open



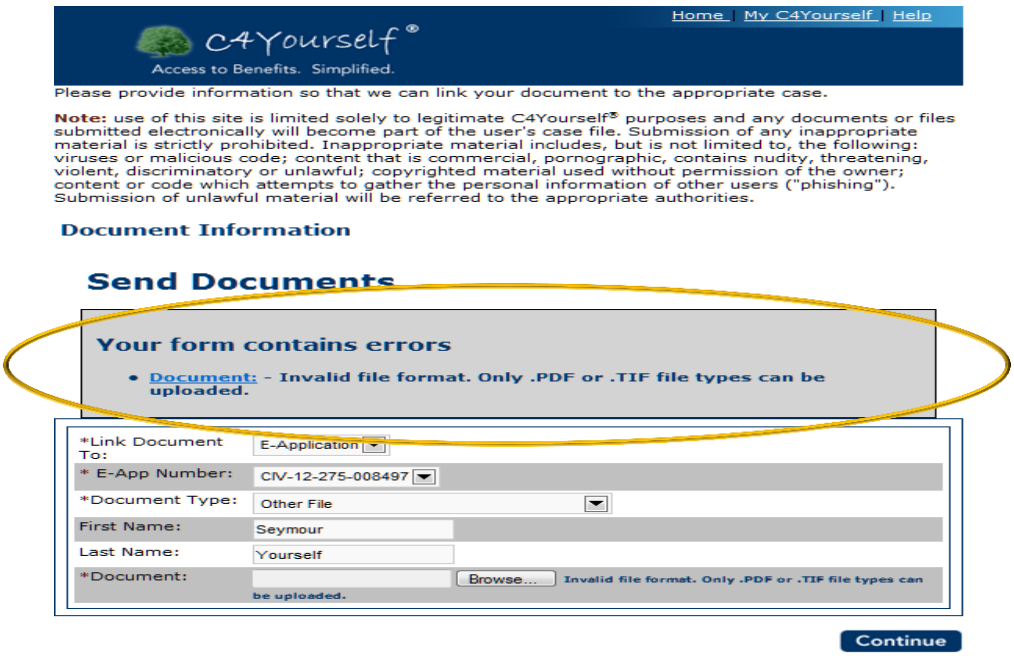
7. The **Send Documents** page will appear with the document name in the **Document** field.


Home | My C4Yourself | Help
C4Yourself®
Access to Benefits. Simplified.
Please provide information so that we can link your document to the appropriate case.
Note: use of this site is limited solely to legitimate C4Yourself® purposes and any documents or files submitted electronically will become part of the user's case file. Submission of any inappropriate material is strictly prohibited. Inappropriate material includes, but is not limited to, the following: viruses or malicious code; content that is commercial, pornographic, contains nudity, threatening, violent, discriminatory or unlawful; copyrighted material used without permission of the owner; content or code which attempts to gather the personal information of other users ("phishing"). Submission of unlawful material will be referred to the appropriate authorities.
Document Information
Send Documents
*Link Document To: E-Application
E-App Number:* CIV-12-275-008497
*Document Type: Bank Verification
First Name: Seymour
Last Name: Yourself
*Document: \\ADFDFS01\MyDocs\Jo Browse...
Continue

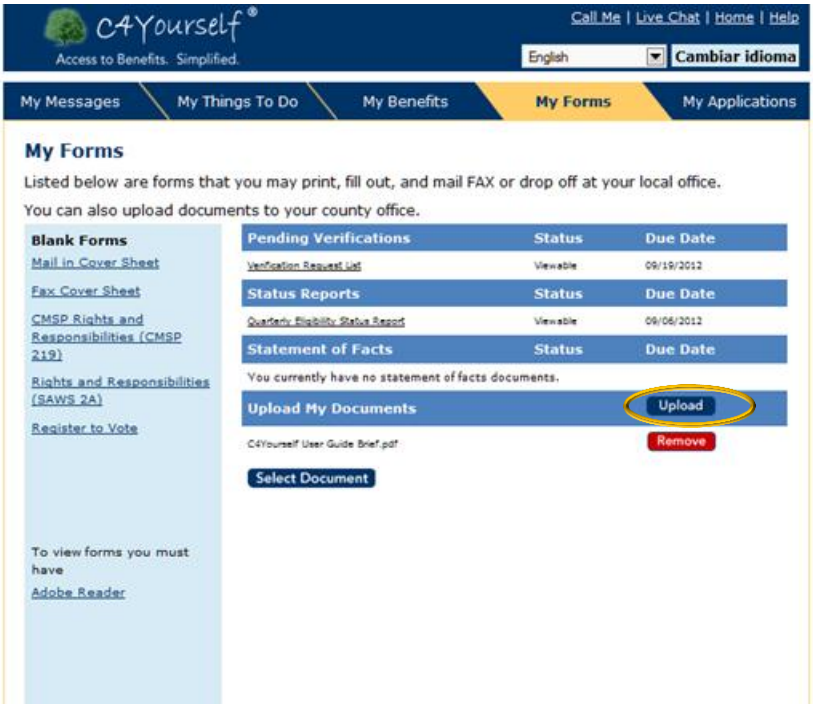
8. Click Continue. The **My Forms** page will appear with the name of your document under the **Upload My Documents** section.



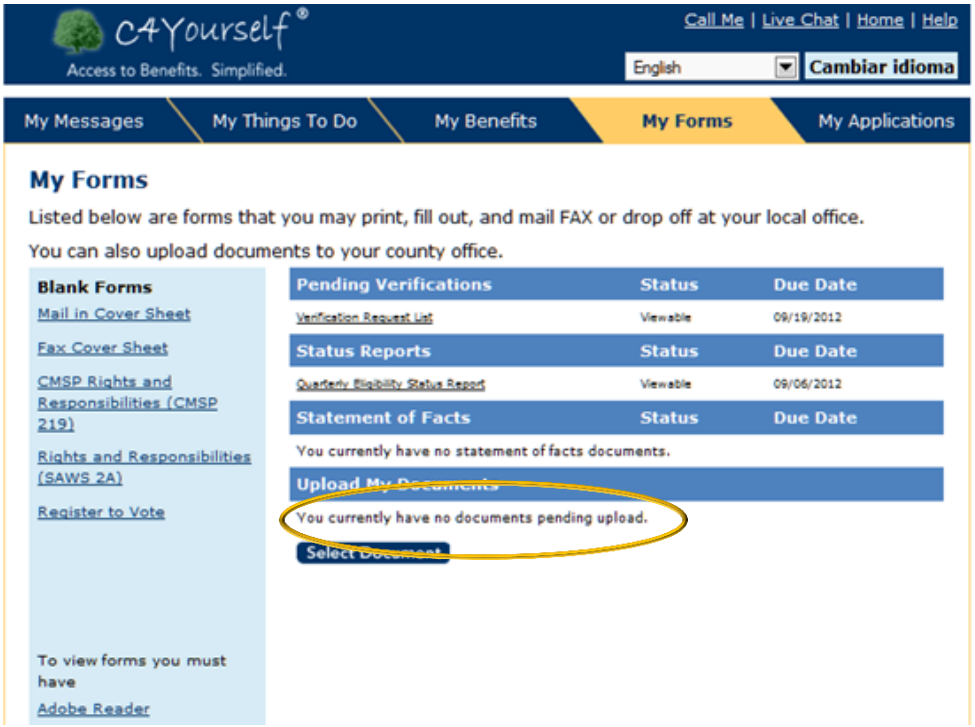
9. You should check to make sure you got the right document. If you picked a document that is not a PDF or TIFF file, you will get an error message like the one below. Click Remove and repeat the process.


Home | My C4Yourself | Help
C4Yourself
Access to Benefits. Simplified.
Please provide information so that we can link your document to the appropriate case.
Note: use of this site is limited solely to legitimate C4Yourself purposes and any documents or files submitted electronically will become part of the user's case file. Submission of any inappropriate material is strictly prohibited. Inappropriate material includes, but is not limited to, the following: viruses or malicious code; content that is commercial, pornographic, contains nudity, threatening, violent, discriminatory or unlawful; copyrighted material used without permission of the owner; content or code which attempts to gather the personal information of other users ("phishing"). Submission of unlawful material will be referred to the appropriate authorities.
Document Information
Send Documents
Your form contains errors
Document: - Invalid file format. Only .PDF or .TIF file types can be uploaded.
*Link Document To: E-Application
* E-App Number: CIV-12-275-008497
*Document Type: Other File
First Name: Seymour
Last Name: Yourself
*Document: Browse... Invalid file format. Only .PDF or .TIF file types can be uploaded.
Continue

10. If it is the correct document click **Upload**



11. Document name under **Upload My Documents** will change to “You currently have no documents pending upload”.



12. You would need to repeat this process for each document you want to load.

Status Reporting

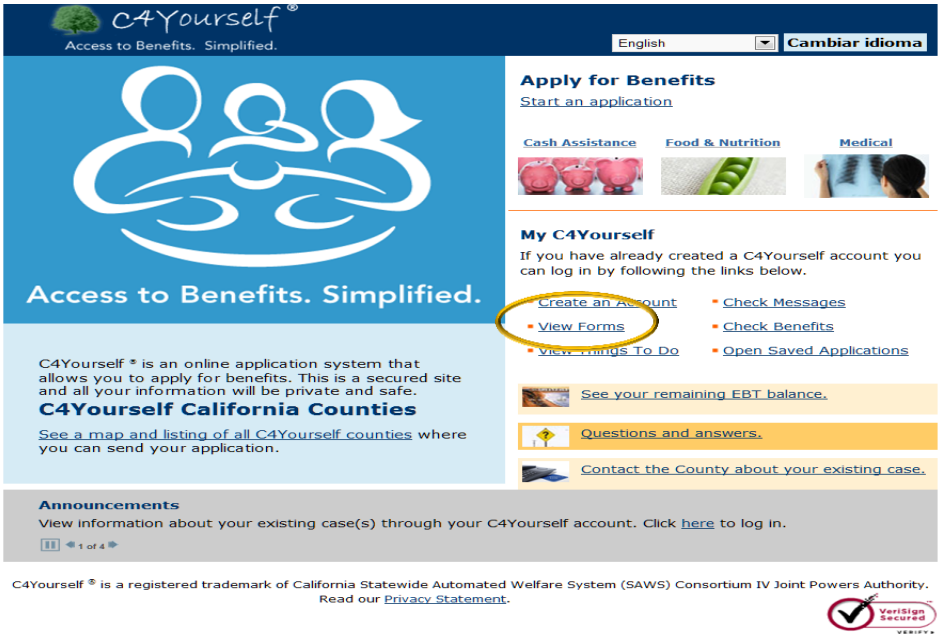
CalWORKs, CalFresh and Medi-Cal all require most people report the current income, property, expense, and employment information for each household member on a regular basis. Depending on the kind of aid you get and your family's situation that may mean sending in a report every quarter, twice a year or once a year. When your application is approved, you will be told what type of report you must make and which months are your required report months.

Status Reports in C4Yourself

You can access and fill out your Status Report on-line, sign it electronically, and submit it through your C4Yourself account or you can access the form, print it, complete and sign it manually, and get it to the county through the mail, in person, or upload it using a Kiosk.

On-Line Status Reporting

13. Select the View Forms link text on the **C4Yourself Home** page.

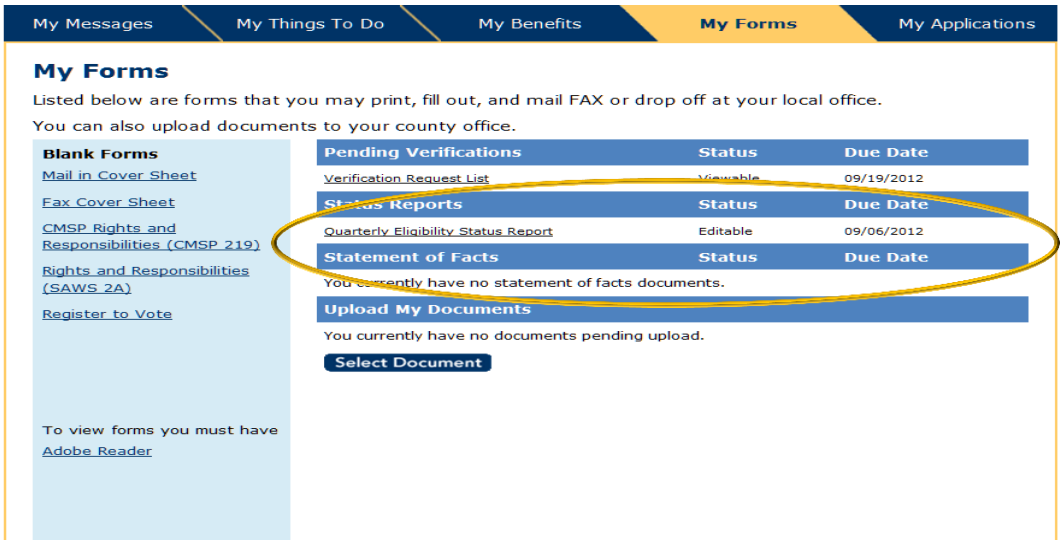

C4Yourself®
Access to Benefits. Simplified.
English
Cambiar idioma
Access to Benefits. Simplified.
Apply for Benefits
Start an application
Cash Assistance
Food & Nutrition
Medical
My C4Yourself
If you have already created a C4Yourself account you can log in by following the links below.
Create an Account
View Forms
Check Messages
Check Benefits
Open Saved Applications
C4Yourself ® is an online application system that allows you to apply for benefits. This is a secured site and all your information will be private and safe.
C4Yourself California Counties
See a map and listing of all C4Yourself counties where you can send your application.
See your remaining EBT balance.
Questions and answers.
Contact the County about your existing case.
Announcements
View information about your existing case(s) through your C4Yourself account. Click here to log in.
C4Yourself ® is a registered trademark of California Statewide Automated Welfare System (SAWS) Consortium IV Joint Powers Authority.
Read our Privacy Statement.

14. Log in with your **User Name** and **Password**.

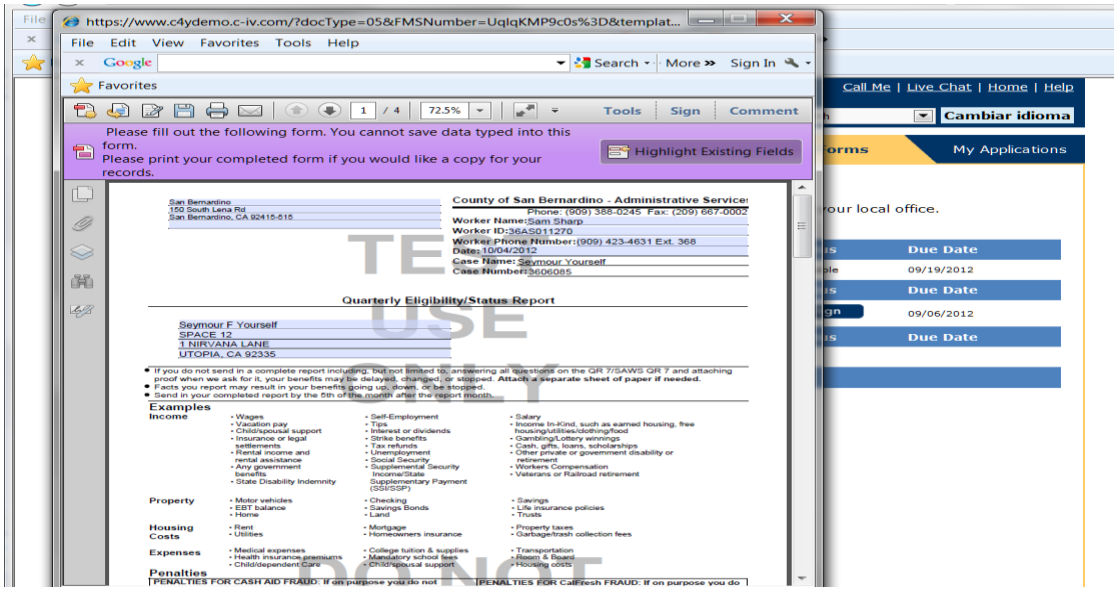
15. The **My Forms** page appears. Notice that there is a document listed under **Status Report**. Also, see the **Status** is **Editable** and there is a **Due Date**.

> ***Important Information:*** It is important that you get your Status Report to the County by the **Due Date** or your benefits may be delayed, changed or stopped.

Because our sample family, Seymour Yourself and her daughter, applied for CalWORKs and CalFresh, they will send in a status report every quarter. The form to do this is called a Quarterly Eligibility/Status Report or (QR 7).



16. Click the **Quarterly Eligibility Status Report** link text. A separate window will open with the form that you need to complete.



17. The QR 7 form will have information about your Case already completed. This information includes:

- The county's address, telephone and fax number
- Your case manager's name, worker ID, and telephone number
- The date the form was created
- Your Case Name, Case Number, and mailing address

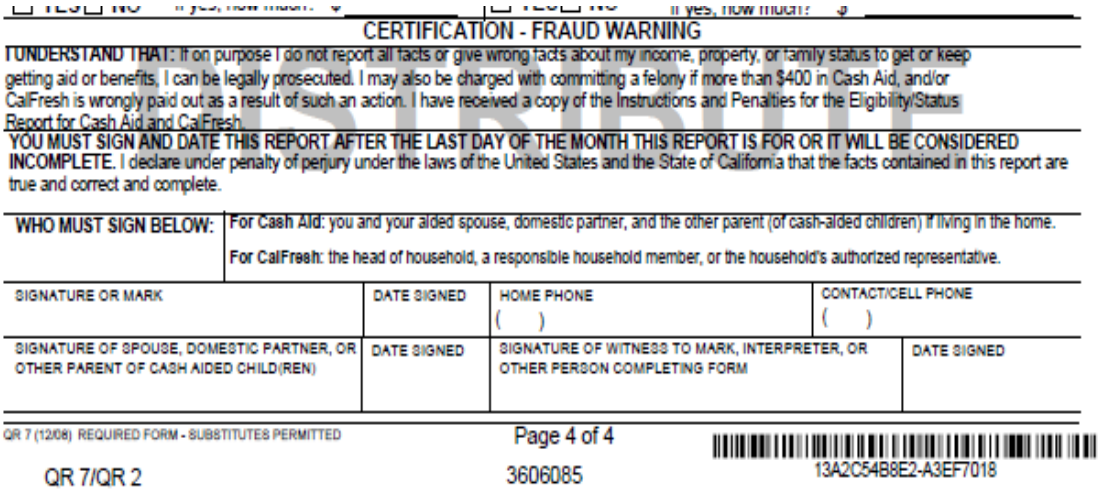
18. ***Read the instructions carefully***. There is a lot of information about what types of information you need to report. Notice that most questions ask that you ATTACH PROOF. You must send proof

19. Answer all the questions and give the information asked for.

> ***IMPORTANT NOTE:*** The information you entered will not be saved on the computer you are using. It will be sent to the county when you sign it electronically. If you want to keep a copy for your records or give it to your county through the mail or in person, **print it BEFORE you click** Save.

20. Read the **Certification –Fraud Warning**

21. Enter the **Date** and phone numbers.



CERTIFICATION - FRAUD WARNING

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than $400 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the Eligibility/Status Report for Cash Aid and CalFresh.

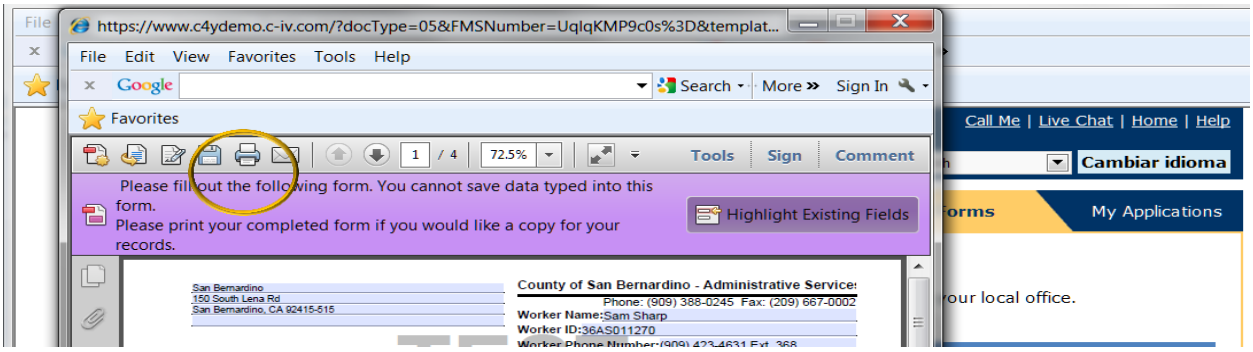
YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE MONTH THIS REPORT IS FOR OR IT WILL BE CONSIDERED INCOMPLETE. I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

WHO MUST SIGN BELOW:	For Cash Aid: you and your aided spouse, domestic partner, and the other parent (of cash-aided children) if living in the home. For CalFresh: the head of household, a responsible household member, or the household's authorized representative.		
SIGNATURE OR MARK	DATE SIGNED	HOME PHONE ( )	CONTACT/CELL PHONE ( )
SIGNATURE OF SPOUSE, DOMESTIC PARTNER, OR OTHER PARENT OF CASH AIDED CHILD(REN)	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE SIGNED

QR 7 (12/08) REQUIRED FORM - SUBSTITUTES PERMITTED Page 4 of 4

QR 7/QR 2 3606085 13A2C54B8E2-A3EF7018

22. Click the printer icon.


https://www.c4ydemo.c-iv.com/?docType=05&FMSNumber=UqlqKMP9c0s%3D&templat...
File Edit View Favorites Tools Help
Google Search More Sign In
Favorites
1 / 4 72.5% Tools Sign Comment
Please fill out the following form. You cannot save data typed into this form.
Please print your completed form if you would like a copy for your records.
Highlight Existing Fields
County of San Bernardino - Administrative Services
Phone: (909) 388-0245 Fax: (209) 667-0002
Worker Name:Sam Sharp
Worker ID:36AS011270
Call Me | Live Chat | Home | Help
Cambiar idioma
My Applications
our local office.

23. Click Save. The window will close.

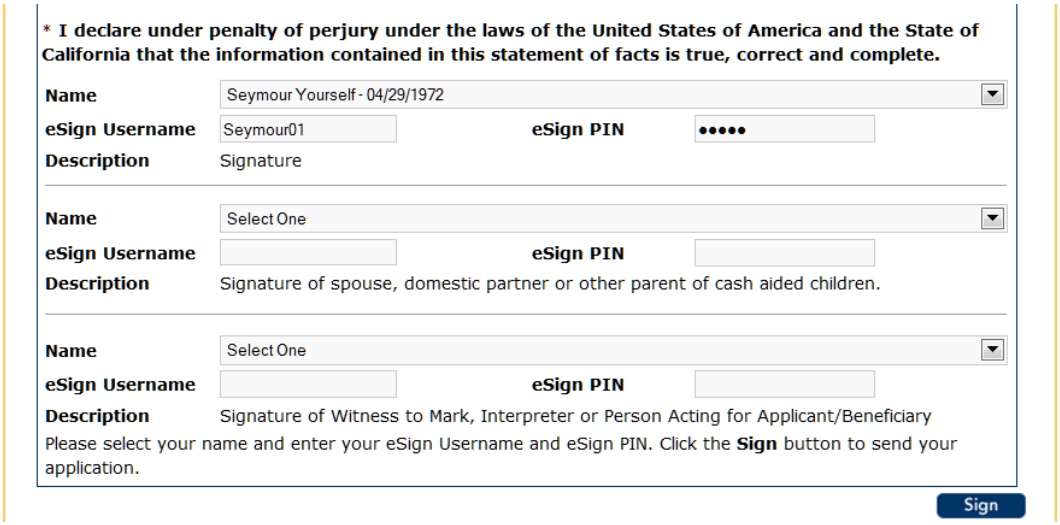
24. The My Forms page now has a Sign button under the **Status**.

25. Click Sign, the **Electronic Signature** page appears. Use the same **eSign User Name** and **eSign PIN** you used when you submitted your e-Application.

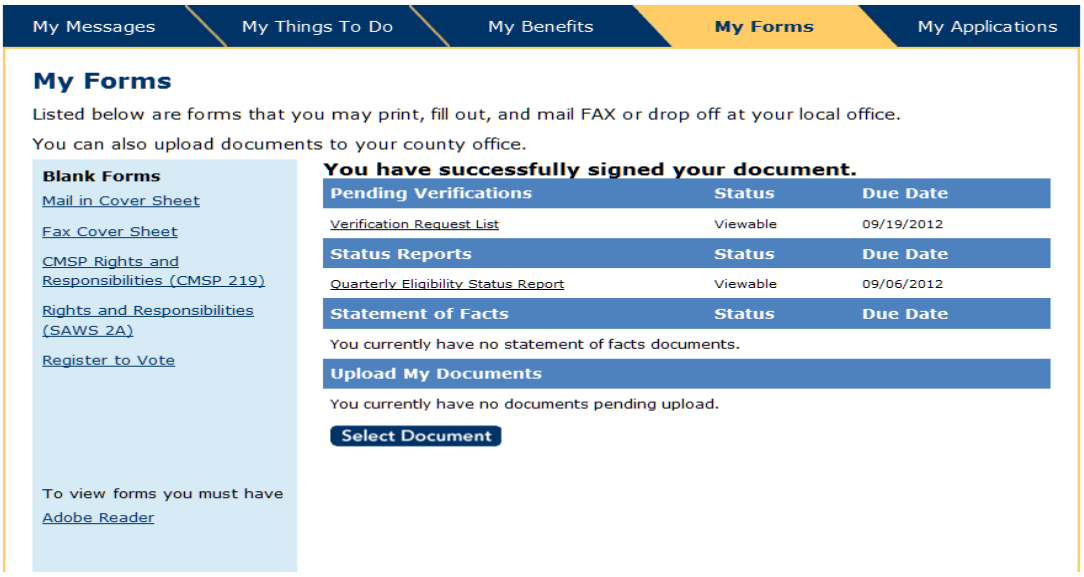
26. Select your Name from the Name drop-down. If you do not see your name in this drop down you will need to create a eSign User Name and PIN.

27. Enter your eSign User Name and eSign PIN.

28. Click Sign.

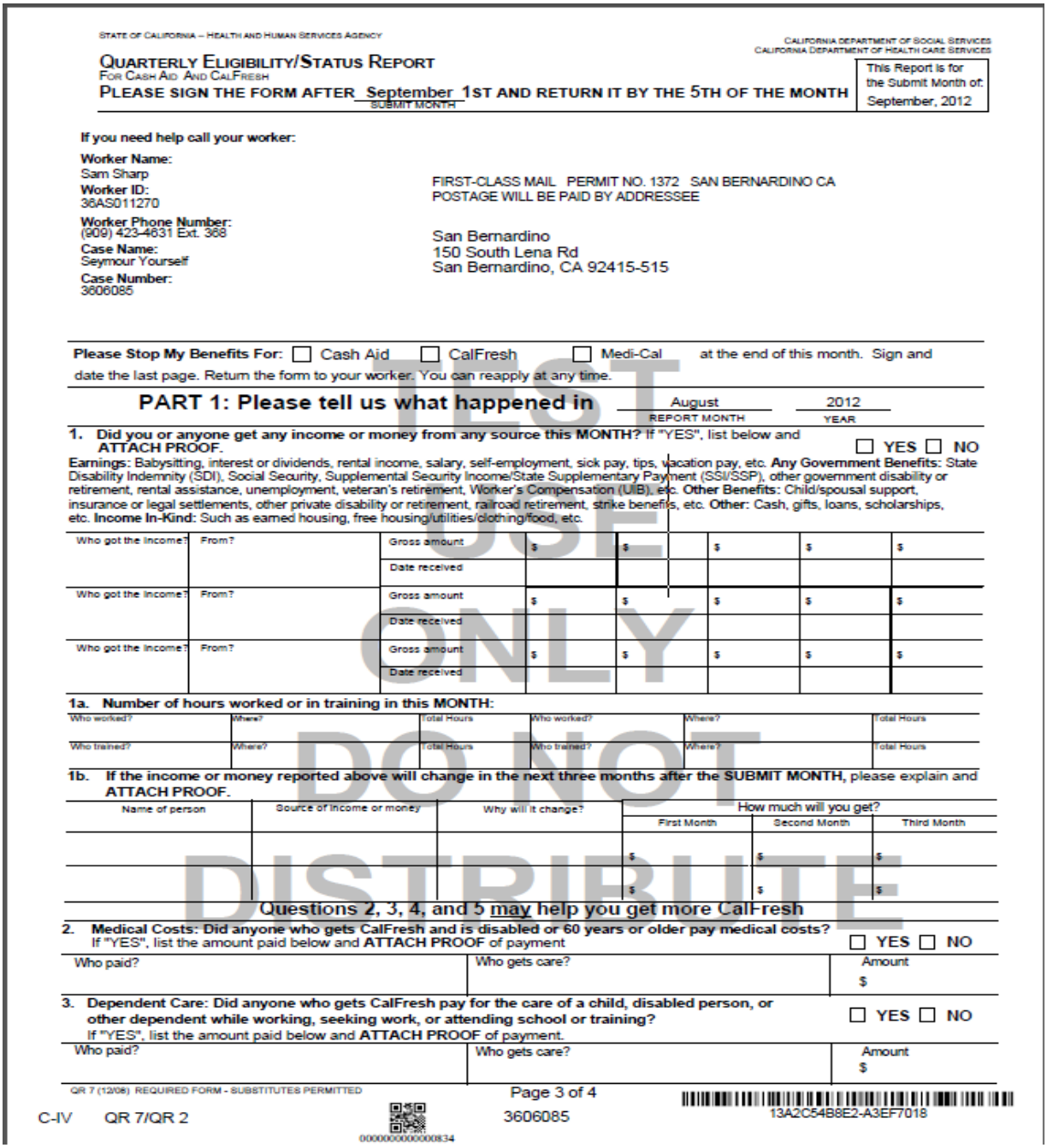

* I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct and complete.
Name
Seymour Yourself - 04/29/1972
eSign Username
Seymour01
eSign PIN
Description
Signature
Name
Select One
eSign Username
eSign PIN
Description
Signature of spouse, domestic partner or other parent of cash aided children.
Name
Select One
eSign Username
eSign PIN
Description
Signature of Witness to Mark, Interpreter or Person Acting for Applicant/Beneficiary
Please select your name and enter your eSign Username and eSign PIN. Click the Sign button to send your application.
Sign

29. The **Status** on the **My Forms** page now shows **Viewable**.



IMPORTANT NOTE: **DON'T FORGET TO SEND YOUR VERIFICATIONS IN.**

The next two pictures show the QR 7.



STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

QUARTERLY ELIGIBILITY/STATUS REPORT

FOR CASH AID AND CALFRESH

PLEASE SIGN THE FORM AFTER September (SUBMIT MONTH) **1ST AND RETURN IT BY THE 5TH OF THE MONTH**

This Report is for the Submit Month of: September, 2012

If you need help call your worker:

Worker Name:
Sam Sharp
Worker ID:
36AS011270
Worker Phone Number:
(909) 423-4631 Ext. 368
Case Name:
Seymour Yourself
Case Number:
3606085

FIRST-CLASS MAIL PERMIT NO. 1372 SAN BERNARDINO CA
POSTAGE WILL BE PAID BY ADDRESSEE

San Bernardino
150 South Lena Rd
San Bernardino, CA 92415-515

Please Stop My Benefits For: ☐ Cash Aid ☐ CalFresh ☐ Medi-Cal at the end of this month. Sign and date the last page. Return the form to your worker. You can reapply at any time.

PART 1: Please tell us what happened in August (REPORT MONTH) 2012 (YEAR)

1. Did you or anyone get any income or money from any source this MONTH? If "YES", list below and **ATTACH PROOF.** ☐ YES ☐ NO

Earnings: Babysitting, interest or dividends, rental income, salary, self-employment, sick pay, tips, vacation pay, etc. **Any Government Benefits:** State Disability Indemnity (SDI), Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), other government disability or retirement, rental assistance, unemployment, veteran's retirement, Worker's Compensation (UIB), etc. **Other Benefits:** Child/spousal support, insurance or legal settlements, other private disability or retirement, railroad retirement, strike benefits, etc. **Other:** Cash, gifts, loans, scholarships, etc. **Income In-Kind:** Such as earned housing, free housing/utilities/clothing/food, etc.

Who got the income?	From?						
		Gross amount	$	$	$	$	$
		Date received					
Who got the income?	From?						
		Gross amount	$	$	$	$	$
		Date received					
Who got the income?	From?						
		Gross amount	$	$	$	$	$
		Date received					

1a. Number of hours worked or in training in this MONTH:

Who worked?	Where?	Total Hours	Who worked?	Where?	Total Hours
Who trained?	Where?	Total Hours	Who trained?	Where?	Total Hours

1b. If the income or money reported above will change in the next three months after the SUBMIT MONTH, please explain and **ATTACH PROOF.**

Name of person	Source of income or money	Why will it change?	How much will you get? First Month	Second Month	Third Month
			$	$	$
			$	$	$

Questions 2, 3, 4, and 5 may help you get more CalFresh

2. Medical Costs: Did anyone who gets CalFresh and is disabled or 60 years or older pay medical costs? If "YES", list the amount paid below and **ATTACH PROOF** of payment ☐ YES ☐ NO

Who paid?	Who gets care?	Amount
		$

3. Dependent Care: Did anyone who gets CalFresh pay for the care of a child, disabled person, or other dependent while working, seeking work, or attending school or training? If "YES", list the amount paid below and **ATTACH PROOF** of payment. ☐ YES ☐ NO

Who paid?	Who gets care?	Amount
		$

QR 7 (12/08) REQUIRED FORM - SUBSTITUTES PERMITTED

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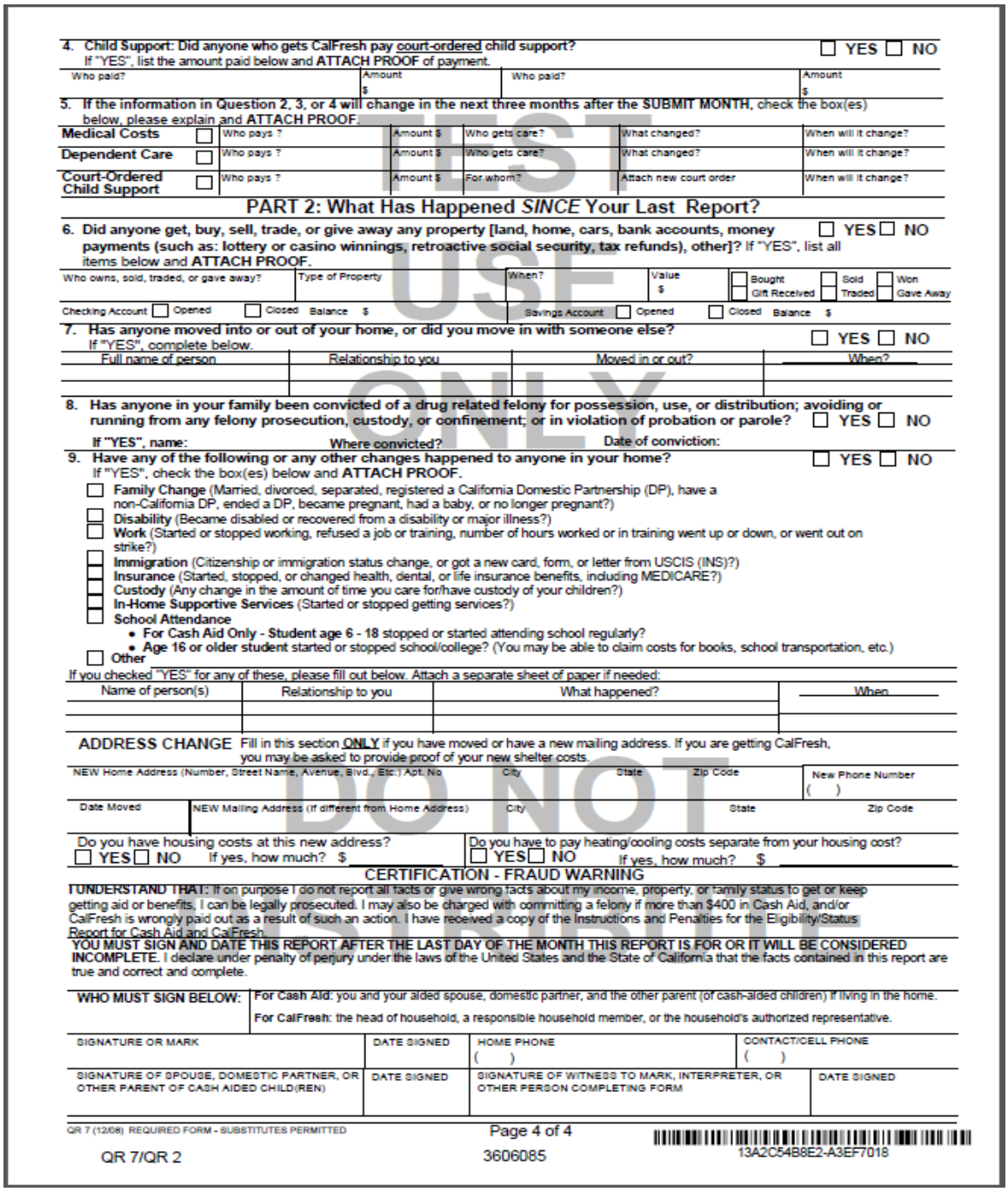

4. **Child Support: Did anyone who gets CalFresh pay court-ordered child support?** ☐ YES ☐ NO
If "YES", list the amount paid below and **ATTACH PROOF** of payment.

Who paid?	Amount $	Who paid?	Amount $

5. **If the information in Question 2, 3, or 4 will change in the next three months after the SUBMIT MONTH**, check the box(es) below, please explain and **ATTACH PROOF.**

Medical Costs	☐	Who pays ?	Amount $	Who gets care?	What changed?	When will it change?
Dependent Care	☐	Who pays ?	Amount $	Who gets care?	What changed?	When will it change?
Court-Ordered Child Support	☐	Who pays ?	Amount $	For whom?	Attach new court order	When will it change?

PART 2: What Has Happened *SINCE* Your Last Report?

6. **Did anyone get, buy, sell, trade, or give away any property [land, home, cars, bank accounts, money payments (such as: lottery or casino winnings, retroactive social security, tax refunds), other]?** ☐ YES ☐ NO If "YES", list all items below and **ATTACH PROOF.**

Who owns, sold, traded, or gave away?	Type of Property	When?	Value $	☐ Bought ☐ Gift Received ☐ Sold ☐ Traded ☐ Won ☐ Gave Away

Checking Account ☐ Opened ☐ Closed Balance $ Savings Account ☐ Opened ☐ Closed Balance $

7. **Has anyone moved into or out of your home, or did you move in with someone else?** ☐ YES ☐ NO
If "YES", complete below.

Full name of person	Relationship to you	Moved in or out?	When?

8. **Has anyone in your family been convicted of a drug related felony for possession, use, or distribution; avoiding or running from any felony prosecution, custody, or confinement; or in violation of probation or parole?** ☐ YES ☐ NO
If "YES", name: **Where convicted?** **Date of conviction:**

9. **Have any of the following or any other changes happened to anyone in your home?** ☐ YES ☐ NO
If "YES", check the box(es) below and **ATTACH PROOF.**
- ☐ **Family Change** (Married, divorced, separated, registered a California Domestic Partnership (DP), have a non-California DP, ended a DP, became pregnant, had a baby, or no longer pregnant?)
- ☐ **Disability** (Became disabled or recovered from a disability or major illness?)
- ☐ **Work** (Started or stopped working, refused a job or training, number of hours worked or in training went up or down, or went out on strike?)
- ☐ **Immigration** (Citizenship or immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- ☐ **Insurance** (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- ☐ **Custody** (Any change in the amount of time you care for/have custody of your children?)
- ☐ **In-Home Supportive Services** (Started or stopped getting services?)
- ☐ **School Attendance**
  - **For Cash Aid Only - Student age 6 - 18** stopped or started attending school regularly?
  - **Age 16 or older student** started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
- ☐ **Other**

If you checked "YES" for any of these, please fill out below. Attach a separate sheet of paper if needed:

Name of person(s)	Relationship to you	What happened?	When

ADDRESS CHANGE Fill in this section **ONLY** if you have moved or have a new mailing address. If you are getting CalFresh, you may be asked to provide proof of your new shelter costs.

NEW Home Address (Number, Street Name, Avenue, Blvd., Etc.) Apt. No	City	State	Zip Code	New Phone Number ( )

Date Moved	NEW Mailing Address (If different from Home Address)	City	State	Zip Code

Do you have housing costs at this new address? ☐ YES ☐ NO If yes, how much? $ _____

Do you have to pay heating/cooling costs separate from your housing cost? ☐ YES ☐ NO If yes, how much? $ _____

CERTIFICATION - FRAUD WARNING

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than $400 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the Eligibility/Status Report for Cash Aid and CalFresh.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE MONTH THIS REPORT IS FOR OR IT WILL BE CONSIDERED INCOMPLETE. I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

WHO MUST SIGN BELOW: **For Cash Aid:** you and your aided spouse, domestic partner, and the other parent (of cash-aided children) if living in the home.
For CalFresh: the head of household, a responsible household member, or the household's authorized representative.

SIGNATURE OR MARK	DATE SIGNED	HOME PHONE ( )	CONTACT/CELL PHONE ( )

SIGNATURE OF SPOUSE, DOMESTIC PARTNER, OR OTHER PARENT OF CASH AIDED CHILD(REN)	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE SIGNED

QR 7 (12/08) REQUIRED FORM - SUBSTITUTES PERMITTED Page 4 of 4

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TEST USE ONLY DO NOT

Who Must Sign the Status Report

The different programs have different rules about who must sign the Status Report.

- **For Cash Aid:** You and your aided spouse, domestic partner, and the other parent (of the cash-aided children) if he/she is living in the home
- **For CalFresh:** The head of household, a responsible household member, or the authorized representative.

Other Reporting Requirements

There are a few other types of changes that you must report to the count even if it isn't your regular reporting month.

If you get Cash Aid, there are times when you must report information to the county even when it is not your regular Reporting Month.

Program	Report Type	Reporting Requirement
Cash Aid	Income Reporting Threshold	Anytime your Assistance Unit's (AU'S) combined gross monthly income, both earned and unearned, is more than the **Income Reporting Threshold** (IRT), for your AU size, you must report this information to the County within ten (10) days. The County will let you know what your IRT is and each time it changes. Each month, add all of your AU's income (wages, earnings or salary disability income, public benefits, etc.). If the total is more that the IRT, you must tell you county. Families that only have unearned income, or that only get CalFresh are not required to report income except on the QR7.
Cash Aid	Felony Drug Conviction	Anytime anyone in you AU is convicted of a drug-related felony for possession, use or distribution of a controlled substance(s), has become a fleeing felon, or is in violation of a condition of probation or parole and you have not already reported it.
Cash Aid CalFresh	Address Change	Anytime you have an address change, you must report your new address to your county.
CalFresh	Drop in Work Hours	If you are an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient, you must report any time the number of hours you work or are in training drop to less than

Program	Report Type	Reporting Requirement
		20 hours a week or 80 hours a month. The county will tell you if are considered ABAWD.

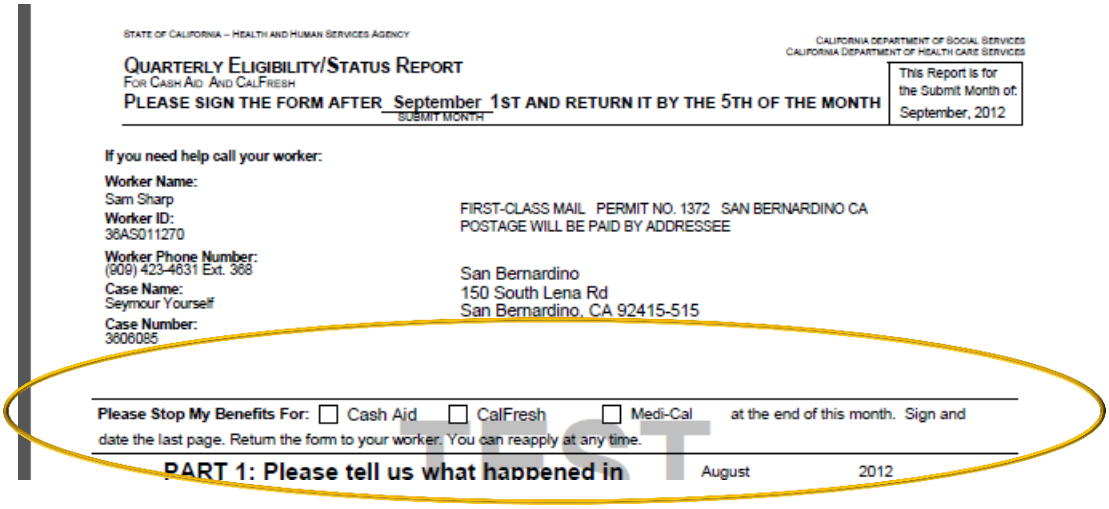
Voluntary Reporting Information

You may report changes to the county anytime you think the change might make your Cash Aid or CalFresh to go up. For example:

- Your income stops or goes down
- Someone who has income moves out of your home
- Some moves into your home and has no income
- The birth of a child
- Someone becomes pregnant
- For CalFresh: someone in your household who is disabled or age 60 or older may report new medical expense

Asking for your Benefits to be Stopped

You can ask the county to stop your benefits by checking the box next to the aid type. Then sign and date the form and send it to your case manager.



STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

QUARTERLY ELIGIBILITY/STATUS REPORT
FOR CASH AID AND CALFRESH

PLEASE SIGN THE FORM AFTER September 1ST AND RETURN IT BY THE 5TH OF THE MONTH
SUBMIT MONTH

This Report is for the Submit Month of: September, 2012

If you need help call your worker:

Worker Name:
Sam Sharp
Worker ID:
36AS011270
Worker Phone Number:
(909) 423-4631 Ext. 368
Case Name:
Seymour Yourself
Case Number:
3606085

FIRST-CLASS MAIL PERMIT NO. 1372 SAN BERNARDINO CA
POSTAGE WILL BE PAID BY ADDRESSEE

San Bernardino
150 South Lena Rd
San Bernardino, CA 92415-515

Please Stop My Benefits For: ☐ Cash Aid ☐ CalFresh ☐ Medi-Cal at the end of this month. Sign and date the last page. Return the form to your worker. You can reapply at any time.

PART 1: Please tell us what happened in August 2012

TEST

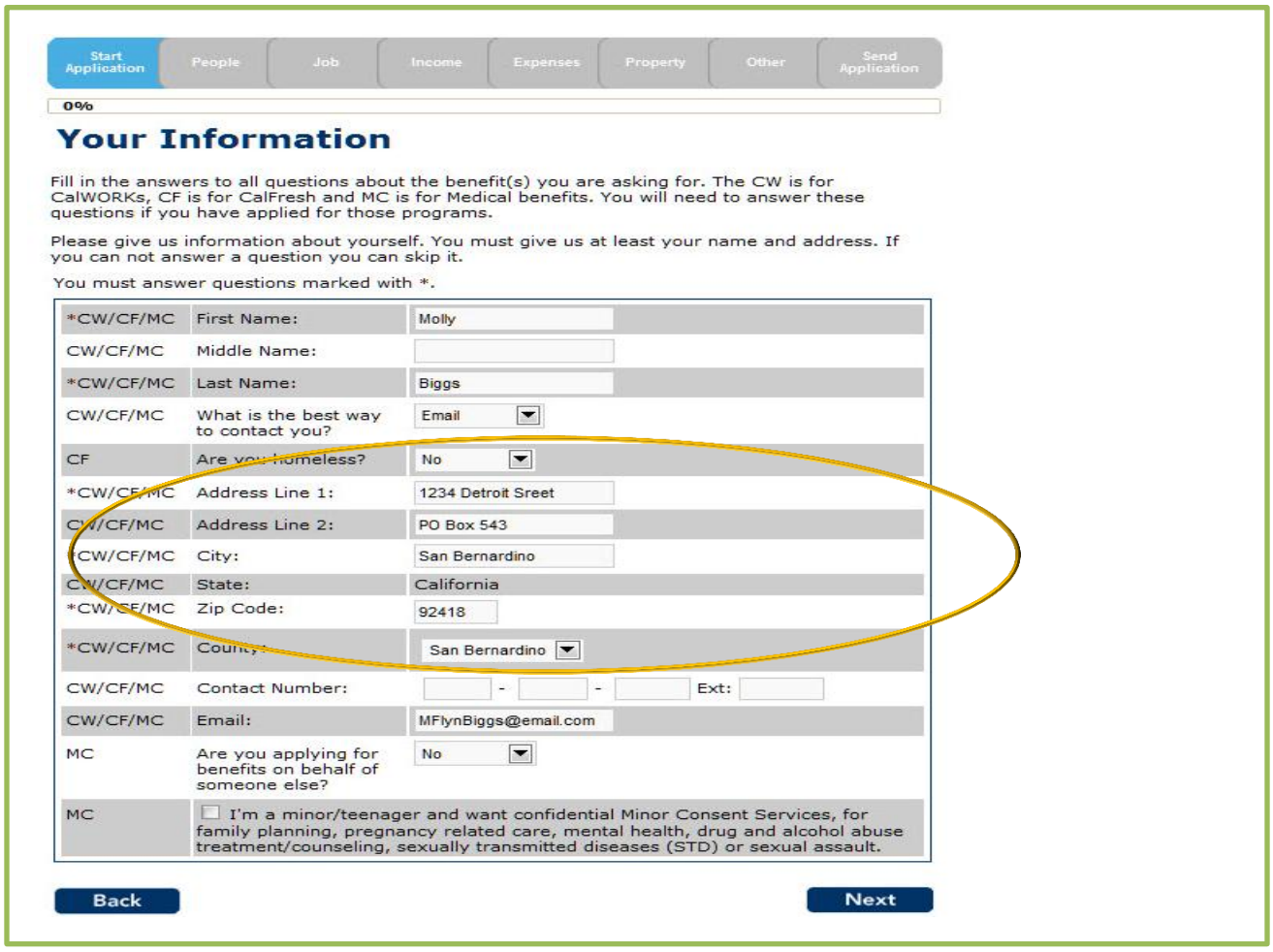
Frequently Asked Questions

Addresses

1. **Q: How do I enter my address if I have a physical address and a P.O. Box for mail**

   A: Each Address Field in C4Yourself has two lines for an address.

   Enter you physical address in the Address Line 1 space and your PO Box information in the Address Line 2 space.


Start Application
People
Job
Income
Expenses
Property
Other
Send Application
0%
Your Information
Fill in the answers to all questions about the benefit(s) you are asking for. The CW is for CalWORKs, CF is for CalFresh and MC is for Medical benefits. You will need to answer these questions if you have applied for those programs.
Please give us information about yourself. You must give us at least your name and address. If you can not answer a question you can skip it.
You must answer questions marked with *.
*CW/CF/MC First Name: Molly
CW/CF/MC Middle Name:
*CW/CF/MC Last Name: Biggs
CW/CF/MC What is the best way to contact you? Email
CF Are you homeless? No
*CW/CF/MC Address Line 1: 1234 Detroit Sreet
CW/CF/MC Address Line 2: PO Box 543
CW/CF/MC City: San Bernardino
CW/CF/MC State: California
*CW/CF/MC Zip Code: 92418
*CW/CF/MC County: San Bernardino
CW/CF/MC Contact Number: - - Ext:
CW/CF/MC Email: MFlynBiggs@email.com
MC Are you applying for benefits on behalf of someone else? No
MC I'm a minor/teenager and want confidential Minor Consent Services, for family planning, pregnancy related care, mental health, drug and alcohol abuse treatment/counseling, sexually transmitted diseases (STD) or sexual assault.
Back
Next

Fingerprinting

2. **Q: Is it true that I have to be fingerprinted in order to get help?**

   A: All adults applying for CalWORKs or County General Assistance/General Relief (GA/GR) are required to be fingerprint and photo imaged into the Statewide Fingerprint Imaging System (SFIS).

3. **Q: What is SFIS?**

   A: SFIS, the Statewide Fingerprint Imaging System, is a computer system and database containing fingerprint images, photographs, and case information of adults who have applied for CalWORKs or County General Assistance/General Relief.

4. **Q: What happens during the SFIS Process?**

   A: You will be asked to place each index finger on an electronic scanner. The scanner will take a picture of your fingerprint. Your picture will also be taken. These pictures along with your name and case information will be entered into the SFIS database. The pictures will be compared to the pictures of others who have applied for aid.

5. **Q: Is it true that this is used for criminal background and immigration status checks?**

   A: **No! SFIS is confidential**. It is used only to prevent public assistance fraud. SFIS is not connected to any other system or database.

6. **Q: What happens if I don't go through the SFIS process?**

   A: Your application for CalWORKs or GA/GR will be denied.